

# 2019 CAMP APPLICATION

Think, Act, Be Creative



## FULL-DAY CAMP (9AM - 4PM)

June 24 - 28, 2019  
Wakeman

July 8 - 12, 2019  
Wakeman

July 22 - 26, 2019  
Wakeman

## HALF-DAY CAMP (9AM - 12PM)\* -or- (5PM - 8PM)

July 15 - 19, 2019 (am)  
Wakeman

July 15 - 19, 2019 (pm)  
Wakeman

August 12 - 16, 2019  
Coleytown

August 19 - 23, 2019  
Coleytown

\*For Old Greenwich camps, register at [MyOGRCC.org](http://MyOGRCC.org)

## CAMPER INFORMATION (Please Print)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

D.O.B. (mm/dd/yyyy): \_\_\_\_\_

Male  Female

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## T-SHIRT SIZE (Please Select One)

Youth:  XS  S  M  L

Adult:  S  M  L

## WAIVER

I hereby authorize the staff of the Mickey Kydes Pro Soccer Camp to act for me according to their best judgment in any emergency requiring medical attention for my child. I hereby waive and release the camp, it's staff, Mickey Kydes Soccer Enterprises, and the facility/school/town from any and all liability for any injuries and illness' incurred while at camp. I will be responsible for any and all costs of medical attention and treatment. I fully understand that the camp participant will be held responsible for all property damage and may be sent home without a refund for a violation of camp rules. The camp is not responsible for personal items that are lost, stolen or damaged. I also understand that pictures taken at camp may be used in any promotional materials. I hereby warrant that my child is in good physical condition and is capable of participating in this program.

Any Allergies: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Cost (Full payment required per each Full- or Half-Day week registered)

\*Full-Day: \$425/week after **April 15, 2019**  
**Two Week Special:** \$300/week before **February 15, 2019**  
**Early Bird Special:** \$350/week before **April 15, 2019**

\*Discounts for Full Day Camps ONLY: (Only after **April 15, 2019**) Please subtract \$25 off each week if attending multiple full day camp weeks

Half-Day: \$250/week after **April 15, 2019**  
**Early Bird Special:** \$200/week before **April 15, 2019**

## Submit Payment

1. Please make checks payable to:  
**MICKEY KYDES SOCCER ENTERPRISES or MKSE**

2. Send with application to: **MKSE**  
10 Prospect St. Unit 4  
Norwalk, CT 06850

or register at [kydessoccer.com](http://kydessoccer.com)

## Cancellation Policy

A 50% refund is issued if cancellation is made on or before **June 1, 2019**.  
There is no refund if cancellation is made after **June 1, 2019**.

Your cancelled check confirms your enrollment in camp. Final details will be mailed prior to the start of camp.