



Chicago Eagles Camp Registration Form - 2010

Parent/Guardian Name _____

Camper's Name _____

Address _____

City, State, Zip _____

Phone # _____ Cell # _____

Email # _____

Birth date _____ Age _____ Circle One: Male / Female

T-Shirt Size (circle one): YS YM YL AS AM AL AXL

Circle a Camp:

Camp # - Location	Date	Price	Age	Time
1. Oak Lawn	June 21-25	\$20	5-14	9:00am-12:00pm
2. Chicago - Moody	June 21-25	\$50	5-14	9:00am-12:00pm
3. Chicago - Little Village	June 28-July 2	\$25	5-14	9:00am-12:00pm
4. Cicero	June 28-July 2	\$25	5-14	9:00am-12:00pm
5. Oak Brook	July 12-16	\$110	5-14	9:00am-12:00pm
6. Northbrook	July 12-16	\$125	5-14	1:00pm-4:00pm
7. Madison	July 19-23	\$85	5-12	9:00am-12:00pm
8. Delafield/Hartland	July 19-23	\$110	5-14	9:00am-12:00pm
9. Advanced Camp (Dousman)	July 19-23	\$135	U12-U18	9:00am-12:00pm
10. Wheaton	July 26-30	\$110	5-14	9:00am-12:00pm
11. West Chicago	July 26-30	\$110	5-14	9:00am-12:00pm

Circle Discount: (*only one discount applies per camper*)

- Family Discount - For campers from the same family. For camps 1-4, first child receives \$0 discount, 2nd child receives \$10 discount. For camps 5-11, first child receives \$0 discount, second child receives \$20 discount. For 3 or more siblings, please contact the Eagles office - (630) 462-9420.
- Team Discount - \$25 discount for 8 or more members of the same team who register together. Please call the Eagle's office for this discount. (Not available for camps #1, 3 and 4)
- Bring a Friend - \$25 discount for both the veteran camper and the first time camper whom the veteran invited. (Not available for camps #1, 3 and 4) Both need to register together. **Mail in registration only!!!**

Friend's Name _____

Medical Release:

As a parent or guardian of a participant in this program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or losses which may be sustained as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims against the Chicago Eagles/MAI, other participating churches, or organization, its officers, agents, servants, and employees from any and all claims from injuries, damage or loss which my child/children may have on account of participation in the program. I further agree to indemnify and hold harmless and defend the Chicago Eagles/MAI, other participating churches or organizations, its officers, agents, servants and employees from any and all claims sustained by me or my child, arising out of, connected with or in any way associated with the activities of the program. In the event of an emergency, I authorize any treatment deemed necessary from any accredited hospital and/or physician for the immediate care of my minor child/children and agree that I will be responsible for payment for any and all medical services rendered.

Picture Release:

As a parent or guardian of a participant in this program, I give the Chicago Eagles permission that any picture taken during soccer camp, which may include my participant, can be used for future promotion purposes, such as newsletters, brochures, websites, etc.

Signature of Parent or Guardian _____

Medical Insurance Company _____

Medical Insurance Policy # _____

Please make checks payable to: **Chicago Eagles**
Mail checks to: **Chicago Eagles, P. O. Box 793, Wheaton, IL 60187**