



MAKE CHECKS PAYABLE TO:  
**SOCCER REVOLUTION, LLC**  
 104 TAVERN CIRCLE  
 MIDDLETOWN, CT 06457  
 860-995-GOAL



participants name \_\_\_\_\_ age at time of camp \_\_\_\_\_

YS YM YL YXL AS AM AL AXL \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 t-shirt size (circle one) date of birth

home address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

name of parent/guardian \_\_\_\_\_ cell phone \_\_\_\_\_

home phone \_\_\_\_\_ work phone \_\_\_\_\_

parent email address 1 \_\_\_\_\_ parent email address 2 \_\_\_\_\_

emergency contact (in addition to above ) \_\_\_\_\_ emergency contact phone \_\_\_\_\_

Check off appropriate week below:

- FARMINGTON WK I - JULY 5-9**  
AGES 5-13 / 9AM-12PM / \$140
- WETHERSFIELD WK I - JULY 12-16**  
AGES 5-13 / 9AM-12PM / \$140
- MIDDLETOWN WK I - JULY 19-23**  
AGES 5-13 / 9AM-12PM / \$140
- AVON WK I - AUGUST 2-6**  
AGES 5-13 / 9AM-12PM / \$140
- SOUTHWICK WK I - AUGUST 9-13**  
AGES 5-13 / 9AM-12PM / \$130
- WETHERSFIELD WK II(half day)-Aug.16-20**  
AGES 5-13 / 9AM-12PM / \$140
- \*WETHERSFIELD WK II(full day)-Aug.16-20**  
AGES 8-13 / 9AM-3PM / \$250  
\*Medical/Physical Form required for full day participants
- WETHERSFIELD HS PREP WK-Aug.16-20**  
GRADES 9-12 / 9:30AM-11:30PM / \$110

APPLY ONLINE at **CTREVS.COM**

## CAMP APPLICATION

I understand that the tuition to be paid is for the designated dates and covers, instruction, insurance, and any official camp giveaways. To ensure enrollment full tuition must accompany the signed application no later than 1 week prior to the start of camp. No deductions shall be guaranteed for late arrival or early departure. An extended day or Saturday may be used as make-up for a rain day.

I hereby certify that my son or daughter is in good health and may participate in all camp related activities. I understand the risks involved while participating in this program and hold Soccer Revolution, LLC and all it's partners harmless.

In case of emergency, I grant permission for my child to be given emergency treatment at a hospital selected by the camp director. I understand that I must provide a medical-physical form for the camp staff to have on file if my child is to participate in the full day program. I agree to disclose any medical conditions or medications my child may have including allergies to food or medicine.

Any pictures taken at camp may be used at the discretion of Soccer Revolution, LLC.

parent/guardian signature \_\_\_\_\_ date \_\_\_\_\_