*If Registered through a Challenger Sports Trainer please Notify Joe @ challenger Jmedcalf@challengersports.com

CHALLENGER SPORTS™
YOUR TOTAL SOCCER SOLUTION

*Complete the application form below and mail it with payment to Challenger Sports. Applications received less than 10 days prior to camp will be charged an additional $10 late fee. MAKE CHECKS PAYABLE TO: Challenger Sports. MAIL THIS COMPLETED FORM AND PAYMENT TO: 9263 Flint Street, Lenexa, KS 66214 | P. 800.878.2167 | F. 913.599.2928 | E. info@challengersports.com | www.challengersports.com*

Host Organization _____ Camp Date _____

Time _____ Camp Program _____

Camper Name _____ Age _____ M ___ F ___ D.O.B. _____

T Shirt YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ XL ___ Ball #3 (U8) ___ #4 (8-12) ___ #5 (13+) _____

Parent/Guardian _____

Address _____

City _____ State _____ Post _____

Email Address _____ Phone (_____) _____ - _____

Emergency Contact _____ Phone (_____) _____ - _____

Medical Conditions/Allergies _____

I hereby release Challenger Sports and any hosting organization from any and all claims and liability of any kind of personal injury or property damage due to participation in this camp. I understand that participation in sports camps include physical contact and certify that my child is in good health and able to participate in all activities. I agree to notify the coaching staff of any preexisting medical or psychological conditions. If attention is required for illness or injury, I give my permission to a staff member for such care. I give my consent for my child to be photographed or filmed while participating in camp activities and for the resulting images to be used by Challenger Sports for promotional purposes. If returned unpaid I authorize my account to be electronically debited for both the check amount and returned check fee.

**Cancellations due to any reason at least ten days prior to camp are subject to a $40 cancellation fee.** No refunds will be given for cancellations within ten days of camp. Refunds will not be issued retroactively for campers who miss periods of the camp due to illness, injury or conflicting activities. Should a camp not run a full refund will be made within 30 days.

Parent Signature _____ Date _____

If you are signing up less than 10 days prior to camp, add a $10 late fee. **Amount Enclosed $** _____

**PAY BY CREDIT CARD.** I authorize the payment of $ _____ to be charged to the credit card details below.

Credit card information will be destroyed immediately after processing. Online registration is available at www.challengersports.com.

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Name on Credit Card _____

Card # _____ Exp. Date _____

Billing Address _____

City _____ Province _____ Post Code _____