

# **SOCCER CAMPS**

## **@ THE FAIRFAX SPORTSPLEX**

### **2009 Summer Day Camps**

*Times:* 9:00 A.M. to 3:00 P.M. Early drop off at 8:30A and late pick up is available until 5:00P\*

**Week 1. June 22<sup>nd</sup> – 26<sup>th</sup>**

**Week 2. June 29<sup>th</sup> – July 3<sup>rd</sup>**

**Week 3. July 6<sup>th</sup> – 10<sup>th</sup>**

**Week 4. July 20<sup>th</sup> – July 24<sup>th</sup>**

**Week 5. Aug. 3<sup>rd</sup> – Aug. 7<sup>th</sup>**

**Week 6. Aug. 24<sup>th</sup> – 28<sup>th</sup>**

**FEE SCHEDULE Day Camps** - \$175 per session per person –Bring your lunch, shin guards, indoor shoes, & ball. (\*Late Pick-up available at \$5/ hour per child. Fee must be paid in advance at the beginning of each week. Early drop off at 8:30 AM is no charge)

**TEAM AMERICA REGISTERED PLAYERS  
PAY \$125 PER WEEK, BUT IF ATTENDING THREE WEEKS  
OR MORE IT IS \$100 PER WEEK.  
MUST REGISTER IN ADVANCE BY EMAIL OR FAX  
[WWW.TeamAmericaFC.com](http://WWW.TeamAmericaFC.com)**

**FACILITIES:** FOR SUMMER WE HAVE AIR-CONDITIONED LUNCH ROOMS AND TV / BREAK ROOMS. THE SPORTSPLEX HAS RESTROOMS, WATER FOUNTAINS AND ICE ON HAND. PLAYERS CAN PURCHASE SNACKS, DRINKS AND EMERGENCY LUNCHES.. DURING SUMMER HOT WEEKS WE UTILIZE THE EDSALL PARK SWIM CLUB ONE AFTERNOON A WEEK FOR THOSE WITH PERMISSION TO SWIM.

# Fairfax Sportsplex

## 2009 Camp Application

Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Sex: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell /Bus Tel.: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell/Bus Tel.: \_\_\_\_\_

Club \_\_\_\_\_ Team Name: \_\_\_\_\_

## Summer Day Camp — (circle the weeks you want to attend)

Weeks:    1        2        3        4        5        6

**PERMISSION TO SWIM DURING SUMMER CAMPS?**    Yes   or   No

PERSONS TO CONTACT IN CASE OF EMERGENCY & IN CASE PARENTS CANNOT BE REACHED:

Name: \_\_\_\_\_ Tel. \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Tel. \_\_\_\_\_ Relationship: \_\_\_\_\_

In case of an emergency, if I cannot be contacted, I give permission for my child to receive emergency medical treatment. I waive and release Fairfax Sportsplex, TASC, TAFC, Skill Builders Academy, staff and officials from all liability for any injuries and illnesses incurred while at camp. My child is covered by insurance provided by \_\_\_\_\_

Parents Signature: x \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: A **non-refundable deposit of \$50** must accompany this application. Confirmations will be sent by email or by fax if fax number is provided. Call 703-300-6074 for details or 703-750-9521.

**All checks are to be made payable to the Fairfax Sportsplex**

**Mail or deliver checks to the Fairfax Sportsplex, 6800 Commercial Dr. Springfield, VA 22151**

**Attention camp Director, Larry Dunn**

Fax information requests to 703-852-7283

or email to SoccerCamp@TeamAmericaFC.com.

**www.FAIRFAXSPORTSPLEX.com**