

SUMMER CAMP 2009

30 HOURS PER WEEK
OF TOP SPORTS ACTIVITIES

From June 8th- August 14th

Address & Phone:

3650 SW 10th ST, Deerfield Beach, FL 33442
954-531-4221

Daily Fee \$30

Weekly fee \$125 (T-shirt included)

**Special 10% discount
(More than 2 weeks and sibling)**



BFUT
Brazilian Soccer
www.bfut.net
Phone:
866-919-2388

SUMMER CAMP 2009

30 HOURS PER WEEK
OF TOP SPORTS ACTIVITIES

From June 8th- August 14th

A variety of activities like:



SOCCER



TENNIS SOCCER



FUTSAL



VOLLEYBALL



BASKETBALL



TV ROOM (MOVIES)

Sport activities from
9am to noon/1pm to 4pm

Earlier as 7:30am
drop off and later
as 6pm pick up.
For only \$10/week

Professional
coaching staff

Clean and safe
atmosphere

- Come out of the summer heat into the A/C
- A real fun life experience.
- Great, clean and safe atmosphere.
- Food and drink concession available
- The best and closest supervision
- No dehydration risk (FYSA water break Policy)

SUMMER CAMP 2009
June 8th – August 14th
DEERFIELD BEACH SPORTS COMPLEX
3650 SW 10th ST, Deerfield Beach, FL 33442
APPLICATION FORM

1. Personal Information Form

Camper's Name: _____ Age: _____ Date of Birth: _____ Gender: _____

Father/Mother's Name: _____ Phone (Day) _____

(Eve) _____ Address: _____

Email Address: _____

Physician's Name: _____ Phone #: _____

Insurance company/ Policy #: _____

Medical Concerns/Allergies/Medication/ we will NOT dispense ANY medication to Campers: _____

Authorized person to pick up _____ Phone #: _____

2. Campers program options (check yours out)

Daily \$ 30 fee Weekly \$ 125 per week (T-shirt size :____)

Sibling, \$112.5 per child (10% discount) More than 2 weeks, \$ 112.5 per week (10% discount)

Earlier drop off/ later pick up, \$ 10 per week.

Application filled out must to be turned in at: 3650 SW 10th ST Deerfield Beach FL 33442 (Sports Complex)

Payments accepted: Cash, check payable to BFUT, on line at www.campallamerikids.com, and through

invoicing      

Questions: Call George # 954 531 4221 or Tony # 866 919 2388

3. Medical Release/Hold Harmless Agreement

Insurance Company: _____

Address: _____ City _____ State _____ Zip _____

Holder: _____ Policy#: _____ Relation to Child: _____

Emergency Contact: _____ Phone: _____

Known Allergies: _____

MEDICAL RELEASE AGREEMENT: I, _____, VERIFY THAT I WAS CHECKED BY A **LICENSED PHYSICIAN** AND I'M **PHYSICALLY ABLE** TO PARTICIPATE IN THE 2009, BFUT Instituto Brasileiro de Futebol SUMMER CAMP PROGRAM. I AGREE TO BE TREATED BY A LICENSED PHYSICIAN WHILE ATTENDING, IF NECESSARY, AND TO ASSUME ALL COSTS RELATED TO SUCH TREATMENT. I AUTHORIZE MY INSURANCE COMPANY TO PAY ALL BENEFITS. ALSO, I AUTHORIZE THE DISCLOSURE OF MEDICAL INFORMATION TO MY INSURANCE COMPANY FOR THE PURPOSE OF CLAIM.

HOLD HARMLESS AGREEMENT: I, _____, AND MY HEIRS HEREBY RELEASE BFut Insitituto Brasileiro de Futebol AND ALL OF ITS EMPLOYEES, OFFICERS AND AGENTS FROM ANY LIABILITY FOR DAMAGES TO OR LOSS OF PERSONAL PROPERTY, SICKNESS, AND INJURY FROM WHATEVER SOURCE, LEGAL ENTANGLEMENT, IMPRISONMENT, LOSS OF MONEY, DEATH, ETC., FOR WHICH BFUT IS NOT CULPABLE, WHICH MIGHT OCCUR WHILE THE CHILD IS PARTICIPATING IN THE 2009, BFut Instituto Brasileiro de Futebol SUMMER CAMP.

PARENT SIGNATURE

DATE

Medical release form must to be turned in before the first day of activities