



NEXT LEVEL APPLICATION FORM



JUNE 12th - 16th or JULY 10th - 14th

NAME: _____ AGE: _____ YEAR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE#: _____

ALLERGIES: _____

MEDICATIONS: _____

T-SHIRT SIZE: YOUTH M YOUTH L ADULT S ADULT M ADULT L ADULT XL ADULT XXL

EMERGENCY CONTACT: _____ PHONE: _____

WHAT TO BRING: Soccer Ball, Water Bottle,
Shin Guards & Soccer Cleates

CIRCLE DATES: JUNE 12-16, 2017
JULY 10-14, 2017

***IN THE EVENT OF INCLAMENT WEATHER, DIRECTOR WILL MAKE A DECISION TO MOVE CAMP TO SOCCER WORLD LOCATED AT 2700 W. LAWRENCE, SUITE S, SPRINGFIELD, IL. 62704.**

WAIVER: MY CHILD IS IN GOOD HEALTH AND HAS MY PERMISSION TO PARTICIPATE IN THIS CAMP. I AUTHORIZE THE COACHING STAFF TO SEEK MEDICAL EMERGENCY CARE FOR MY CHILD IF NEEDED. I, AS A PARENT OR GUARDIAN, BY SIGNING THIS ROSTER FORM, FULLY UNDERSTAND THAT NEITHER NEXT LEVEL SOCCER ACADEMY NOR ROTARY PARK TAKE ANY RESPONSIBILITY FOR ANY INJURIES SUSTAINED DURING THE PARTICIPATION OF THIS EVENT. ALSO, NEXT LEVEL SOCCER ACADEMY OR ROTARY PARK DO NOT ASSUME ANY LEGAL LIABILITY FOR ITEMS LOST OR STOLEN AS A RESULT OF MY CHILD'S PARTICIPATION IN THE ACADEMY. I HAVE READ AND UNDERSTOOD THE ABOVE AND FORGOING STATEMENT.

***ALL PARENTS MUST SIGN THIS FORM BEFORE THEIR CHILD CAN PARTICIPATE IN THE NEXT LEVEL SOCCER ACADEMY.**

PARENT OR GUARDIAN SIGNATURE

DATE

**ANY QUESTIONS?
PLEASE CONTACT:
PETER CHRISTOFILAKOS
217.341.4489
PETEYC22@HOTMAIL.COM**

BONUS
ICE DELI WILL BE DELIVERED EVERY DAY! JUST SEND \$1 PER DAY WITH YOUR CAMPER TO ENJOY A DELICIOUS COOL TREAT DURING BREAK.

**MAKE CHECKS PAYABLE TO:
NEXT LEVEL SOCCER ACADEMY
C/O PETER CHRISTOFILAKOS
2205 MADELINE CT.
SPRINGFIELD, IL 62704**