



# Chris Obi Soccer Academy

**PROFESSIONALISM, EXPERIENCE AND PASSION**

## 2010 RESIDENTIAL CAMP

At Clearpool Education Center. 33 Clearpool Rd Carmel, NY 10512. (845)225-8226

**Who:** Boys and Girls Ages 9 – 17

**Location:** Clearpool Education Center  
33 Clearpool Road Carmel, NY 10512

**Dates:** **First Week** 7/12 – 7/16 \*\*Drop off 7am on 7/12. Pick-up 4pm 7/16\*\*  
**Second Week** 7/26 – 7/30 \*\*Drop off 7am on 7/26. Pick-up 4pm 7/30\*\*

**Cost: \$540 per week** \*\* Make Checks Payable to Chris Obi Soccer Academy\*\*  
Mail to Chris Obi Soccer Academy: 1 Indian Wells Road Brewster NY 10509  
Online Payment also available at CSA Website. [www.chrisobiacademy.com](http://www.chrisobiacademy.com)

Please Choose Week(s)  July 12  July 26 Total Amount \$\_\_\_\_\_ Check #\_\_\_\_\_

Shirt Size: [  ] Adult S, M, L, XL [  ] Youth S(7-8yrs), M(8-9yrs), L(9-11yrs)

\_\_\_\_\_  
Camper's Last Name First Name Email Address

\_\_\_\_\_  
Street Address Town State Zip

\_\_\_\_\_  
Date of Birth Age Sex Grade Physician Name & Phone

\_\_\_\_\_  
Parent #1 Name Parent #2 Name Additional Emergency Contact Name & Number

\_\_\_\_\_  
Home Phone Work Phone Cell Phone Email

In consideration for accepting this application I the undersigned, intending to be legally bound for myself, my heirs, executor and administrators, waive and release any and all rights and claims for damages I may have against any and all agents, counselors, employees of the Clearpool Education Center, Chris Obi Soccer Academy and any other sponsors, their representatives, successors and assigns for any and all injuries and/or damage suffered by me/my son/daughter in connection with Residential Soccer Camp. My child is in suitable physical condition to participate in the activity specified in my application. I will list any medical concerns or allergies on the Medical form. In the event of injury I authorize Clearpool Educational Center to arrange for medical care/transportation to a medical facility at my own expense. However, I understand that Green Chimneys/Clearpool Education Center/CSA will not be held liable for any such medical care/transportation. I agree that any letters, art projects and photos taken during the program are the property of Clearpool Education Center and CSA.

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Parent/Guardian Signature Date