

FUN FOR ALL, ALL FOR FUN SPORTS CAMP



**SUMMER
2019**

**A FULL SUMMER OF FUN FOR
CHILDREN AGES 3-13**



MDSoccerPlex
SAMSoccer06

SPORTS: Basketball, Dodgeball, Soccer, Kickball,
Flag Football & Much More

Fun, Fun & More Fun: Relay Races, Scavenger Hunts,
Wet N Wild Xtravaganza, Talent Show

FIELD TRIPS: Splash Park, Miniature Golf Park, Golf Driving Range

CAMP DATES

- June 17 – 21
- June 24 – 28
- *July 1 – 5 (no camp 7/4)
- July 8 – 12
- July 15 – 19
- July 22 – 26
- July 29 – August 2
- August 5 – 9
- August 12 – 16
- August 19 – 23
- August 26 – 30

TIMES

- 9:00am.....4:00pm (Full Day)
- 9:00am.....12:00pm (Half Day AM)
- 1:00pm.....4:00pm (Half Day PM)

FEES

- \$230 (full day)
- \$140 (half day)
- \$50 (daily full day)
- \$30 (daily half day)
- *\$190/full day
- *\$110/half day

EXTENDED CARE

AVAILABLE BY REQUEST:

- Before-care: 8:00am-9:00am
- After-care: 4:00pm-6:00pm
- \$10 per child per hour

**The Discovery Sports
Center Cafe will be
open for lunch!**



Maryland SoccerPlex • 18031 Central Park Circle, Boyds, MD 20841

Call 301-528-1480 • Visit www.mdsoccerplex.org

FUN for ALL, ALL for FUN Summer Camp 2019

Mail to: Discovery Sports Center, 18031 Central Park Circle, Boyds, MD 20841 or Fax to: 301-540-4276

Camp Week: (Circle all that apply) Day (Circle one please) Full Day / Half Day AM / Half Day PM

June 17 – 21

July 8 – 12

July 29 – August 2

August 19 – 23

June 24 – 28

July 15 – 19

August 5 – 9

August 26 – 30

*July 1 – 5 (no camp 7/4)

July 22 – 26

August 12 – 16

Camper Information:

Name: _____ Shirt Size (Circle One): YS YM YL YXL AS AM AL AXL

Date of Birth: _____ Gender: (Circle) Female Male

School Attending in Fall: _____ Grade: _____

Parent's/Guardian's Name: _____ Best Contact Number: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Email (required): _____

Emergency Contact: _____ Relation: _____ Phone Number: _____

Extended Care: (\$10/child/hour) 8-9am: _____ 4-5pm: _____ 4-6pm: _____ Dates Needed: _____

Note: Add additional \$5 for every 15 minutes after 6pm.

Payment Information: \$230 Full Day, \$140 Half Day / *\$190 Full Day, \$110 Half Day (7/1-7/5) / \$50 Full Day Daily, \$30 Half Day Daily

Payment includes all appropriate fees, taxes and a \$50 non-refundable administrative fee.

Credit Card: (Circle) Visa MasterCard Discover Card #: _____

Amt: _____ Exp: _____ V-Code: _____ Zip Code: _____

Signature of Card Holder: _____

Check: (Make payable to Discovery Sports Center. No checks taken 14 days prior to camp.) Check #: _____ Amt: _____

Cash: Please make cash payments in person.

Consent and Liability Waiver - Release of all claims (must be signed by parent or guardian)

I, _____ (parent/guardian), am the parent or legal guardian of _____ (minor child). As lawful consideration for my minor child being permitted to participate in the Discovery Sports Center Indoor League, Program Camp, Clinic or any other activity. I agree that neither my minor child nor I will make a claim against, sue, attach the property of or prosecute Maryland Soccer Foundation, Discovery Sports Center, Maryland SoccerPlex and their agents, sponsors, program operators, building contractors, suppliers, employees for damages for death, personal injury or property damage which my minor child may sustain as a result of my child's participation in these sporting activities. This release is intended to discharge in advance Maryland Soccer Foundation, Discovery Sports Center, Maryland SoccerPlex and their agents, sponsors, building contractors, suppliers, and employees from and against any and all liability, including for negligent actions, arising out of or connected in any way with my minor child's participation in the sports league, program, camp, clinic or any other activity except for liability that may arise out of the willful or wanton misconduct of Maryland Soccer Foundation, Discovery Sports Center, Maryland SoccerPlex and their agents, sponsors and employees.

I FURTHER UNDERSTAND THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES, AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF. KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE THAT MY MINOR CHILD AND I ASSUME THOSE RISKS AND RELEASE AND HOLD HARMLESS MARYLAND SOCCER FOUNDATION, DISCOVERY SPORTS CENTER, MARYLAND SOCCERPLEX AND THEIR AGENTS, SPONSORS AND EMPLOYEES WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME, MY MINOR CHILD (OR OUR HEIRS OR ASSIGNS) FOR DAMAGES.

I attest that I am eighteen (18) years old or older, and that my child is physically fit and has no known medical conditions which prohibit participation in this sport. My child and I agree to follow all laws, rules and guidelines regulating the conduct of the league, camp or clinic. I understand and agree that my child and I are responsible for the mechanical and/or operating condition of any and all sporting equipment provided by my child or by me for my child's use, and I agree that my child and I will continuously inspect and maintain all equipment used, even if we have obtained any of the equipment from Maryland Soccer Foundation, Discovery Sports Center, Maryland SoccerPlex, their agents, sponsors and/or employees.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND MY CHILD AND A CONTRACT BETWEEN MYSELF, MY CHILD AND DISCOVERY SPORTS CENTER, MARYLAND SOCCERPLEX AND THEIR AGENTS, SPONSORS AND EMPLOYEES, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

I also agree that Discovery Sports Center, Maryland SoccerPlex and their agents, sponsors and employees may use my child's photograph in future promotions.

Signature: _____

Date: _____

Print Name: _____

Would you like to receive text messages from the Maryland SoccerPlex and/or SAM Soccer?

Yes or No