

APPLICATION FORM

SUMMER CAMP DATE: _____ LOCATION: _____ TIME: 9:00AM – NOON _____ OR 5PM – 8PM _____.
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CAMPERS FIRST NAME

CAMPERS LAST NAME

AGE	GENDER	DATE OF BIRTH
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PARENTS FIRST NAMES

PARENTS LAST NAMES

CELL PHONE	WORK PHONE
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E-MAIL

ADDRESS

CITY	STATE	ZIP
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TUITION:	\$110.00
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TO RESERVE YOUR PLACE MAIL THIS FORM AND A CHECK FOR \$110.00 TO:

Brazilian Academy Indiana, LLC – 3956 Villas Drive, Greenwood, IN - 46142

E-Mail: soccer@brazilianacademyin.com

www.brazilianacademyin.com

MEDICAL RELEASE

BRING FIRST DAY OF THE PROGRAM

First Name: _____	Last Name: _____	Gender: M F
Date of Birth: _____	Parents Names: _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____
Address: _____	City: _____	State/Zip: _____
Alternate Contact: _____	Phone: _____	
Alternate Contact: _____	Phone: _____	

Family Physician: _____	Physicians Phone: _____
Family Dentist: _____	Dentists Phone: _____
Medications Currently Taken: _____	
Special Medical Conditions: _____	
Allergies: _____	
Date of Last Tetanus Shot: _____	
Insurance Company: _____	Policy Number: _____

I, the undersigned, the legal parent/guardian of _____ grant permission for him/her to participate fully in the activities of the Brazilian Academy Indiana, LLC program. I hereby give my full permission to the physician or emergency medical personnel selected by the coaching staff, administrators or representatives of Brazilian Academy Indiana, LLC to order x-rays, tests and treatments for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician or emergency medical personnel selected by the coaching staff, administrators or representatives of Brazilian Academy Indiana, LLC to hospitalize and secure proper treatment, and to order injection and/or anesthesia and/or surgery for my child. I expect every effort will be made to contact me in order to receive my authorization before any treatment or hospitalization is undertaken.

I further agree to release and discharge "Brazilian Academy Indiana, LLC et al", and any other parties, included but not limited to, providers of transportation for the children, including the use of their own vehicles, their heirs, administrators, executors, successors and assigns from, and hold them harmless against all claims, actions, causes of action, suits, damages and any liability of any kind whatsoever, arising out of my son/daughters participation in "Brazilian Academy Indiana, LLC et al" activities and programs, including but not limited to, the transportation of my son/daughter to and from activities by persons using their own vehicles or hired vehicles or by public transport.

I also agree that any photographs, video, or any other recordings of any Brazilian Academy Indiana, LLC event may be used for publicity, advertising or any other legitimate purpose.

Signed: _____ Dated: _____