

Application Form: Viking Sports Programs, September 2010 – April 2010

PROGRAM	GRADE	TIMES	LOCATION	WHAT TO BRING	Fee. (note early registration fee & regular fee)	√ class applying for
Fall, Tuesday T-Ball Sep. 21 – Nov. 9	Co-ed Pre-K (ages 4 & 5)	2.00-2.50pm	Waldstein Playground, Dean Road.	Baseball glove Water bottle	Fee before 9/1/10: \$95 Reg. fee: \$120	
	Co-ed K	3.00-3.50pm			Fee before 9/1/10: \$95 Reg. fee: \$120	
	Co-ed K and 1 st	4.00-4.50pm			Fee before 9/1/10: \$95 Reg. fee: \$120	
Fall, Wednesday T-Ball & Flag Football Sep. 22 – Nov. 10	Co-ed Pre-K T-ball (ages 4-5)	2.00-2.50pm	Waldstein Playground, Dean Road.	Baseball glove Water bottle	Fee before 9/1/10: \$95 Reg. fee: \$120	
	Coed K and 1 st T-ball	3.00-3.50pm			Fee before 9/1/10: \$95 Reg. fee: \$120	
	Coed Flag Football-grade 2-4	4.00-4.50pm			Fee before 9/1/10: \$95 Reg. fee: \$120	
Fall, Thursday Soccer Sep. 23 – Nov. 11	Co-ed Pre-K (ages 4 & 5)	2.00-2.50pm	Waldstein Playground, Dean Road.	Soccer ball Shin guards Water bottle	Fee before 9/1/10: \$95 Reg. fee: \$120	
	Co-ed K	3.00-3.50pm			Fee before 9/1/10: \$95 Reg. fee: \$120	
	Co-ed K and 1 st	4.00-4.50pm			Fee before 9/1/10: \$95 Reg. fee: \$120	
Fall, Saturday Toddler and Parent Soccer Sep. 25 – Nov. 13	Co-ed Toddler & Parent (Age 3 only)	9.00-9.50am	Waldstein Playground, Dean Road.	Soccer ball Shin guards Water bottle	Fee before 9/1/10: \$95 Reg. fee: \$120	
Fall, Saturday Soccer Sep. 25 – Nov. 13	Girls Pre-K (ages 4 & 5)	9.00-9.50am	Waldstein Playground, Dean Road.	Soccer ball Shin guards Water bottle	Fee before 9/1/10: \$95 Reg. fee: \$120	
	Co-ed Pre-K (ages 4 & 5)	10.00-10.50am			Fee before 9/1/10: \$95 Reg. fee: \$120	
	Co-ed Pre-K (ages 4 & 5)	11.00-11.50am			Fee before 9/1/10: \$95 Reg. fee: \$120	
	Girls K	1.00-1.50pm			Fee before 9/1/10: \$95 Reg. fee: \$120	
	Co-ed K	2.00-2.50pm			Fee before 9/1/10: \$95 Reg. fee: \$120	
	Co-ed K	3.00-3.50pm			Fee before 9/1/10: \$95 Reg. fee: \$120	
Fall, Saturday Baseball Sep. 25 – Nov. 13	Co-ed K and 1 st	4.00-4.50pm		Baseball glove Water bottle	Fee before 9/1/10: \$95 Reg. fee: \$120	
Winter, Indoor Saturday Soccer Dec. 4 – April 2	Co-ed Pre-K (ages 4 & 5)	12.30-1.20pm	Soule gym, Hammond St, Chestnut Hill	Soccer ball Shin guards Water bottle	Fee before 11/12/10: \$195 Reg. fee: \$220	
	Co-ed Pre-K (ages 4 & 5)	1.30-2.20pm			Fee before 11/12/10: \$195 Reg. fee: \$220	
	Co-ed K	2.30-3.20pm			Fee before 11/12/10: \$195 Reg. fee: \$220	
	Co-ed K	3.30-4.20pm			Fee before 11/12/10: \$195 Reg. fee: \$220	
	Co-ed 1	4.30-5.20pm			Fee before 11/12/10: \$195 Reg. fee: \$220	
	Co-ed 1	5.30-6.20pm			Fee before 11/12/10: \$195 Reg. fee: \$220	
Winter, Indoor Sunday Basketball Dec. 5 – April 3	Co-ed grade 1	2.00-2.50pm	Soule gym, Hammond St, Chestnut Hill	Basketball Water bottle	Fee before 11/12/10: \$195 Reg. fee: \$220	
	Co-ed grade 2	3.00-3.50pm			Fee before 11/12/10: \$195 Reg. fee: \$220	
	Co-ed grades 3 & 4	4.00-4.50pm			Fee before 11/12/10: \$195 Reg. fee: \$220	
Winter, Indoor Sunday Soccer Dec. 5 – April 3	Co-ed Pre-K	5.00-5.50pm		Soccer ball Shin guards Water bottle	Fee before 11/12/10: \$195 Reg. fee: \$220	
Winter, Indoor Sunday Floor Hockey Dec. 5 – April 3	Co-ed grades 2-4	1.00-1.50pm		Shin guards Water bottle	Fee before 11/12/10: \$195 Reg. fee: \$220	
Winter, Indoor Thursday Multi-Sports Jan. 13 – March 31	Co-ed grades k, 1, 2	4.30-5.15pm			Fee before 12/20/10: \$135 Reg. fee: \$160	
	Co-ed grades 2, 3, 4	5.15-6.00pm			Fee before 12/20/10: \$135 Reg. fee: \$160	

December 2010, February and April 2011 School Vacation - Multi-Sports Camp | Location: Brookline High School 9.00am – 3.00pm, Grades K-4 \$195
 **Dec, Feb. & April camps require a different application, available at www.vikingcamps.net or e-mail info@vikingcamps.net with questions

Registration Details:

To Apply: Choose 1 or more of the programs detailed above, fill out the application below and mail it with full payment to: Viking Sports Camps, 258 Harvard Street, #365, Brookline, MA 02446 (checks payable to: Viking Sports. Use a separate application and write a separate check for each child applying for). All applications are received on a first come first served basis until classes fill. Confirmations will be sent out within 2 weeks of receiving your application.

Cancellation Policy: Refunds will not be issued unless a medical condition prohibits ability to participate in the program (MD note required). Medical refunds will be issued in full, minus a \$25 processing fee and will be issued in the form of a credit which must be used within 12 months. Email info@vikingcamps.net with any questions.

Player's full name _____ Age _____ Sex _____ School _____ Grade _____ Date of Birth ____/____/____

Full Address _____ E-Mail(for confirmation) _____

Parent(s)Full Name(s) _____ Tel # Home _____ Work _____ Cell: _____

Person to notify in emergency _____ Tel # _____ Player's health insurance company & policy# _____

Player's doctors name: _____ Player's doctors tel. # _____

Medical Concerns/Allergies of player (if none write none): _____

Waiver/Indemnification: Parent(s) or legal guardian must sign below before player is accepted to participate in the Viking Sports Camps:

As parent/legal guardian of the child named herein, I hereby represent that the child has been examined by a pediatrician and is physically fit to participate in the Viking Sports Camps. I understand there are inherent risks in participating in this athletic program. I hereby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my child as a result of his/her participation at the Viking Sports Camps. I further agree to indemnify and hold harmless Viking Soccer Camp, Inc., its agents, servants, employees and/or representatives from any and all liability, damage, cost or expense arising out of my child's participation, of every kind and nature, at Viking Sports Camps.

In the event that I cannot be reached in an emergency, I hereby give permission for care to be administered by a qualified Viking Soccer Camp, Inc. staff member, emergency medical technician, physician/staff of a hospital, or any other qualified individual to provide any medical treatment deemed necessary for my child.

Signature of parent(s) or legal guardian: _____ **Date:** _____ Total enclosed: \$ _____