



Program

Sunday July 1 - Friday July 13, 2012

Sunday July 15 - Friday July 27, 2012

__SESSION I

___SESSION II

Student data

T-Shirt Size: __S __M __L __XL

Name First Last

Address State Zip/mailling Code Country (if not USA)

Student E-mail Tel Fax

Date of Birth: _____ Current Grade: 7 8 9 10 11 12

Month /Day/Year

Student Cell # Are you a US Citizen or Permanent Resident? Y N

School Name City State

School Tel Soccer Coach

Emergency Contact (other than parents) Tel

How did you first hear about ASA/FCBarcelona Camp?
(Online, Recommendation, School/club, advertisement, Web Search, ASA Alumni, Teacher/Coach, Print, Web Directory, Other Player, Internet - Please specify)

Family Information

Father's Name HM Tel WK Tel

Address (if different from student)

Mother's Name HM Tel WK Tel

Address (if different from student)

Father's E-mail Mother's E-mail

Father's Cell# Mother's Cell#

Legal Guardian __MOTHER (as above) __FATHER (as above) __OTHER (please print full name) _____

Which email/phone number should we use to contact you regarding this application? _____

Cancellation Policy Date of Withdrawal - SUMMERFUEL/ASA refund

Withdrawal of Application prior to April 2 - Refund all but \$400.

Withdrawal from April 3 to May 14 - Refund all but \$2500.

Withdrawal May 15 onward - No refunds after this date.

These terms and conditions are issued by Summerfuel/ ASA/FCBarcelona camps. By your completion and submittal of registration forms, you agree and acknowledge that you are over 18 years of age and that you have read and agree to the terms and conditions, including the Privacy Policy, of Soccer Camps International as provided, and as updated from time to time, on www.soccercampsinternational.com website and which includes that **SOCCER CAMPS INTERNATIONAL HAS NO AUTHORITY OR CONTROL OVER THE OPERATION AND/OR RULES OF THE CAMP.**

Refund policy

If a student reserves a place on an ASA program and subsequently withdraws, the following refund policy will apply: Notification of withdrawal must be made in writing to ASA Admissions, 375 West Broadway, Suite 200, New York, NY 10012 or by email to Soccer Camps International). Withdrawals are effective on the date that ASA receives written notification. Students who have reserved a place on an ASA program before March 1 but have not received a final acceptance by that date because of missing documents are still subject to the above-stated refund policy. There will be no refunds for students who voluntarily withdraw for any reason during an ASA program, nor will there be any refund for a student who is asked to leave a program for the use of drugs or alcohol, non-notification of a serious medical condition, or gross disobedience of the rules of the program (decisions which are at the sole discretion of ASA). Dates, fees, itineraries and courses may be changed without notice should circumstances require it. Summerfuel/ASA reserves the right to cancel any program and to decline to accept any person as a member of one of its programs. If ASA cancels a program, the full program fee will be refunded.

Program fee includes

Room; three meals a day (except weekends); soccer instruction; soccer workshops; ASA organized activities and excursions; daily transportation to and from training facilities, official FC Barcelona camp t-shirt, all tickets and admissions fees and travel pass for the Barcelona metro.

Transportation to & from ASA programs/escorted flights

ASA offers escorted transatlantic flights on regularly scheduled airlines (from NYC). All students traveling on ASA escorted flights will be escorted on their international flight and transferred to and from the airport on their arrival and departure. Students not traveling on ASA escorted flights must arrange for a taxi to meet them on arrival. The fee for the pick-up and drop-off by ASA staff is \$100. Upon return to the US, students are released from the program at the point of entry once they have cleared customs. Full information about ASA's escorted flights will be sent to enrolled students when available. Please note that students are responsible for booking their own seats on the ASA escorted flights. Students are responsible for obtaining any required visas.

Coach evaluation form

Upon receiving your registration form you will be sent a coach evaluation form. Please have your coach complete the form and return to ASA to help us assess your level of ability.

Health Information

Do you have a medical condition that might interfere in your participation in a Summerfuel/ASA program? Y N

If you answered yes or if you have any educational, dietary, social, personal or psychological needs that may require special attention, treatment or medication, please enclose a full report and any supporting documentation.

Sharing Information

I permit ASA programs to share my travel details and contact information solely with other program participants.

Participant's Agreement

I understand that I will be sent a detailed copy of ASA's rules, regulations & responsibilities as soon as my application has been accepted and I acknowledge that ASA or its agents have the right to dismiss me and return me home at my own expense without refund of the program fee, should I be found in violation of these rules.

Student's Signature

Date

Parent/legal guardian agreement

I have read the Summerfuel/ASA/FCBarcelona brochure and hereby give permission for my child/ward to participate in this ASA program during the summer of 2012. By execution of the application and this Agreement, I confirm my awareness and acknowledge the risks of injury which may be associated with travel, particularly in foreign countries. My child/ward is enthusiastic and prepared, and I believe he is capable of handling both the emotional and physical aspects of the program as well as any risks involved. Furthermore, I agree that, should my child/ward's conduct, at the sole discretion of ASA, be deemed to be in violation of ASA rules or otherwise detrimental to the maintenance of standards or to the successful operation of ASA's program, ASA, in its sole discretion, may dismiss him/her from the program. I further agree that ASA shall have no further responsibility for my child/ward upon his/her dismissal from the program, and I understand that such dismissal may occur at a location far from the child/ward's home. I affirm that ASA shall have the exclusive authority to determine the manner and means of transporting my child/ward home without supervision, and that all additional expenses (including but not limited to the entire costs of the transportation) shall be borne completely by me, and that ASA shall have no obligation to provide any refund of the tuition fee with respect to any dismissed student. Notwithstanding the foregoing, in the event ASA elects to send my child/ward home with a supervising ASA representative, all expenses of such ASA representative (including but not limited to the entire costs of the transportation) shall be borne completely by me. Prior to the commencement of the program, I shall sign a credit card authorization to be held by ASA authorizing the payment from my credit card of any such expenses of my child/ward and the ASA representative in the event of the dismissal of my child/ward. I have read the payment schedule and refund schedule on this application and agree to the terms cited. I understand and acknowledge that no refunds are available for any cause, and that trip insurance is recommended. It is understood that ASA may make use of students' photographs and testimony in publicity materials, including the brochure, poster and website, without payment of any consideration, and I hereby grant ASA permission for such use. Furthermore, in applying for an ASA program, I hereby understand and accept the following terms and conditions, the violation of which may result in my child/ward's dismissal, without further notice: • The possession or use of drugs or alcohol is strictly prohibited. • All participants must adhere to all rules of safety and conduct at all times, including those promulgated by ASA, the educational institution and the jurisdiction where the educational institution is located. • Any violation of the rules, terms or conditions, as well as behavior incompatible with the programs, could result in dismissal of a student at parent'/guardian' expense as stated above. I authorize ASA, at its sole discretion, to place my child/ward at my own expense and without any further consent or advance notice in a hospital for medical services and treatment or, if no hospital is readily available, to place my child/ward in the care of a licensed medical doctor for treatment. I hereby grant ASA full authority to take whatever actions it may reasonably consider to be warranted under the circumstances.

Child/Ward Name (PRINT)

Parent/Legal Guardian Name (PRINT)

Parent's/Legal Guardian Signature

Date

These terms and conditions are issued by Summerfuel/ ASA/FCBarcelona camps. By your completion and submittal of registration forms, you agree and acknowledge that you are over 18 years of age and that you have read and agree to the terms and conditions, including the Privacy Policy, of Soccer Camps International as provided, and as updated from time to time, on www.soccercampsinternational.com website and which includes that **SOCCER CAMPS INTERNATIONAL HAS NO AUTHORITY OR CONTROL OVER THE OPERATION AND/OR RULES OF THE CAMP.**



SOCCER CAMPS INTERNATIONAL CARDHOLDER CHARGE AUTHORIZATION FORM

Payment of fees for: _____
Name of Participant(s)

Name of Sports Camp: _____ Date of Attendance: _____

This letter shall serve as authorization for **SOCCER CAMPS INTERNATIONAL**, 3790 El Camino Real, PMB 2018, Palo Alto, CA 94306, USA, to charge the following amount(s):

Reservation Deposit Fee of US \$ 1,000 (per session reserved) X ____ for a total of US \$ _____
and authorized for further charge, prior to Date of Attendance mentioned above, the Camp Fee Remaining Balance of US \$ _____

(For programs which begin in June/July 2012, your final payment will be automatically debited on April 30, 2012. For programs which begin in August 2012, your final payment will be automatically debited on May 31, 2012)

Payment in Full of US \$ _____

to my:

Visa MasterCard American Express Discover

Card #: _____ Expiration Date (mm/yyyy): _____

Security Code: _____

(The non-embossed 3 numbers on the back of your Visa or MasterCard or the 4 numbers on the front of Amex card.)

Cardholder Name: _____

Billing Address: _____

Telephone: _____ FAX: _____ Email: _____

By my signature below, I certify that I am over 18 years of age and that I am the parent or legal guardian of the camp participant and that I have read, understood, and agree to the terms and conditions on Soccer Camps International website and for the applicable camp. I agree to the above charges and agree not to 'chargeback' such charges authorized or in any way cause a delay in the payment from the credit card company to Soccer Camps International. Please note, as per the terms and conditions provided on Soccer Camps International website, in the event that your 'camper/child' requires urgent medical care, as determined by the specific 'Sports Camp', your credit card may be charged the cost of such care/treatment, or to pay for any damages to 'Sports Camp' property caused by your camper/child, or with your prior written approval (your email may serve as such) pay for additional classes, offerings or services.

All fees to be in US Dollars.

Cardholder Signature: _____ Date: _____