



20010/11 Registration Form

INSTRUCTIONS: To register online, visit our website at www.travelsportcamp.com OR please return this 3-page Registration Form (completed fully & signed by Parent/Guardian & Participant), your Payment #1 (see Tuition Payment Schedule below) and the \$200 USD **NON-REFUNDABLE REGISTRATION FEE**. You can either mail or fax this form. Space is limited in each camp and boarding school. It is recommended that you register early. You will receive additional program information from TravelSportCamp, LLC via email upon receiving this completed form.

PARENT INFORMATION (Please Print)

Parent / Guardian Full Name: _____

Mailing Address: _____

City, State or Province: _____

Postal Code, Country: _____

Home Telephone: () _____ Cell: () _____ Work: () _____

Email (mandatory): _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Telephone: () _____ Email: _____

Please briefly explain what you hope your child will accomplish with TravelSportCamp: _____

PLAYER INFORMATION

Full Name (as it appears on your current passport): _____

Mailing Address: _____

Passport # & Issuing Country: Exp. Date: _____

E-mail: _____ Date of Birth: ____/____/____ Age: _____ Gender: Male Female
mm dd yyyy

With respect to the program that you are registering for – please tell us what experience you have in that sport(s):

Sport: _____ Positions: _____ Years Played: <2 yrs 2-4 yrs 5-7 yrs 8 yrs+

Sport: _____ Positions: _____ Years Played: <2 yrs 2-4 yrs 5-7 yrs 8 yrs+

With respect to the program that you are registering for – please tell us what experience you have in the destination country language:

Beginner Intermediate Advanced

Indicate Adult T-Shirt Size: Small Medium Large X-Large

Please indicate any medical condition (i.e. Allergies, Asthma, Illnesses, Previous Injuries, etc.) or any “Special Instructions” including any medications you are taking or plan to be taking during your program (this information is never shared with anyone outside our company for any reason.) _____

Roommate Request: No Yes - If yes, name of friend: _____

Favorite player, interests & hobbies: _____

Briefly explain what you hope to accomplish during your *Travel Sport Camp* experience: _____



PRICING: Please print this page for current program pricing: <http://www.travelsportcamp.com/pricelist.asp>

What program are you registering for? _____

Program Name: _____

Program date(s): _____ Program Tuition: \$ _____ USD

TUITION PAYMENT SCHEDULE: (To register online, visit our website at www.travelsportcamp.com)

At the time of registration the following fees are due:

Registration Fee: \$200 USD – NON-REFUNDABLE

Payment #1: For Year-Long or Half-Year Academic Programs = 15% of the Tuition Fee (see above), for Summer & Monthly Camps = \$499 USD, for Team, Group or School Tours = 20% of the Tuition Fee (see above).

[Registration Fee and Payment #1 are due with this form.](#)

60 days prior to program start-date (or August 1st for all Year-Long or Half-Year Academic Programs) the following payment is due:

Payment #2: 60% of remaining balance.

30 days prior to program start-date (or November 1st for all Year-Long or Half-Year Academic Programs) the following payment is due:

Payment #3: All remaining balances due.

ADDITIONAL SERVICE OFFERED:

Custom “Sport Video Résumé” (SVR) – Promotional Sport DVD filmed while abroad (10-14 minutes in duration) - **\$1499 USD**

***Please note:** Purchasing the SVR is not mandatory for attending the program. SVR fee due IN FULL with deposit payment.

REGISTRATION FEE & DEPOSIT PAYMENT #1:

Please choose payment method for Payment #1 & Registration Fee:

CHECK: Enclosed is my deposit check or money order made payable to **Travel Sport Camp in the amount of _____ USD.**

CREDIT CARD: Please charge my: VISA MasterCard Discover

WIRE TRANSFER: I will wire transfer the deposit payment to: **Contact Travel Sport Camp for our bank information.**

Credit Card Account Number: _____ Exp. Date: _____ / _____
mm yy

Cardholder Full Name: _____

Mailing Address (associated with this credit card): _____

Cardholder Signature: _____ Date: _____

BALANCE PAYMENTS #2 & #3: Please choose payment method for your two additional payments:

CHECK: I will send personal checks or money orders

CREDIT CARD: I authorize you to charge my VISA MasterCard Discover card for *Payment #2 & Payment #3* according to the Tuition Payment Schedule indicated on this form (above.)

Cardholder Signature _____

BANK WIRE TRANSFER: I will wire transfer the final two (2) payments to the TravelSportCamp corporate bank account.

PAYMENT IN FULL: (All summer programs must be paid in full if registering after May 1st):

Please find my enclosed tuition payment in full via: **CHECK:** **CREDIT CARD:** **BANK WIRE TRANSFER**



RECOGNITION AND ASSUMPTION OF RISK AGREEMENT & PHYSICIAN RELEASE

I, the undersigned parent/legal guardian of (player's full name) _____ authorize said child's full participation in TravelSportCamp 2010/11 and related language/sports program activities (including TravelSportCamp Sports Boarding Schools, Camps, Custom and Team Tour Programs). It is my understanding that participation in the activities that make up TravelSportCamp 2010/11 is not without some inherent risk of injury. As such, in consideration of my child's participation in the selected TravelSportCamp 2010/11 Program, I hereby release, waive, discharge, and covenant not to sue TravelSportCamp, its directors, employees, sub-contractors, servants, agents or employees from any and all liability, claims, demands, action, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the released, or otherwise while participating in such activity, or while in, or upon the premises where the program activity is being conducted.

I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, including transportation, and accept responsibility for the cost. I also understand that a medical insurance policy carried by TravelSportCamp, if any, will provide only minimum coverage and that I should make sure my child is covered with family insurance in the event of a serious accident. I also understand and agree that if my child violates any of the camp rules or regulations (included in the pre-departure packet and/or communicated during the program) that he/she may be sent home early and I will cover, at my own expense, those costs associated with the early return or removal from the TravelSportCamp Program.

Print Player's Name: _____

Print Parent/Guardian Name: _____

Personal Health Insurance Company: _____

Insurance Policy Number: _____

Parent/Guardian Signature: _____ **Date:** _____

I, _____, (player's full name) have read and agree to follow all instructions and procedures as outlined on the TravelSportCamp "Policy" webpage in order to maintain a maximum level of safety and security. I understand that if I violate any of the camp rules (to be included in the pre-departure packet or included/communicated during the Program), TravelSportCamp reserves the right to send me home early at my own or my parent's expense.

Player's Signature (if 18 years of age or older): _____ **Date:** _____

Parent/Guardian Signature (if child is under 18): _____ **Date:** _____

Nationality & Passport# _____
Exp. Date: ___/___/___/
Fax to: 1- 805 – 682-1729 --- REF.# _____ (if referred by an Agent)
Mail to: PO Box 215 Santa Barbara, CA 93102-0215, USA