

KIDS SOCCER CAMP

Camp is focused on game fundamentals, team play and skill development. Campers will participate in age and skill appropriate drills, play games and enjoy a daily swim. We offer a low camper to coach ratio, allowing kids to receive personalized instruction which is focused on the development of soccer skills and having fun!

Camp is lead by Lucas Birnstingl, former Scottish Premiership professional goalkeeper.

WE OFFER

- Low camper-to-counselor ratios
- Professional instructors
- Lunch with menu options
- Fitness coaching
- Daily recreational swim
- Extended care hours (additional cost)

FULL DAY SCHEDULE

9:00am - 9:30am - Morning stretch and dynamic warm-up
9:30am - 10:00am - Warm up with soccer balls
10:00am - 11:30am - Technical drills/fitness training
11:30am - 12:30pm - Lunch
12:30pm - 2:30pm - Friendly competition and games
2:30pm - 2:45pm - Change for swim
2:45pm - 3:45pm - Recreational swim/supervised multi-gym
3:45pm - 4:00pm - Pick up in Kidspace

FEES & OPTIONS *(HST not included)*

Full Day Weekly Camp

\$300 for Members who register before June 1
\$350 for Members who register after June 1
\$350 for non-members who register before June 1
\$400 for non-members who register after June 1

Daily Camp

Members \$75
Non-members \$90

YOUR CHILD WILL NEED

- Comfortable clothes
- Soccer shoes
- Swimsuit
- Goggles (optional)
- Refillable water bottle

IMPORTANT REMINDER FOR PARENTS

1. Children must be at least 5 years old to attend camp.
2. For your child's safety and protection, parents are required to notify the Camp Supervisor in writing if the participant must leave the camp during camp hours.
3. Children must be signed in and out of camp each day by the authorized parent or guardian. Photo ID may be required.
4. Taxes are not included.



KIDS SOCCER SUMMER CAMP

MAYFAIR LAKESHORE
(Ages 5-14)



Lucas Birnstingl

Former Scottish Premiership
professional goalkeeper.

mayfairclubs.com

REGISTRATION FORM

GENERAL INFORMATION

Non-member Member Member # _____

PARTICIPANT INFORMATION

PARTICIPANT LAST NAME FIRST NAME

AGE GENDER

PARENTS INFORMATION

PARENT LAST NAME FIRST NAME

RELATIONSHIP TO PARTICIPANT

ADDRESS

CITY POSTAL CODE

HOME PHONE BUSINESS PHONE

CELL PHONE E-MAIL

MEDICAL INFORMATION

HEALTH CARD NUMBER

PHYSICIAN'S NAME PHYSICIAN'S PHONE

Please specify any medical conditions with regards to participant (allergies, special needs)

EMERGENCY CONTACT EMERGENCY PHONE

SUMMER CAMP SESSIONS (HST not included)

Choose camp week/day(s):

- Full Day Weekly Camp
- July 3-6
 - July 9-13
 - July 30 - August 3
 - August 6-10
 - August 27-31

Daily Camp
Dates: _____

CHILD CARE

Do you wish to have extended child care?* Yes No

*Extended care hours are provided for parents and guardians who are not able to drop off or pick up their children during regular camp hours. This service is in addition to your camp fee.

- Before camp hours 8:00am-9:00am (\$30/wk per child)
- After camp hours 3:00pm-6:00pm (\$60/wk per child)
- Before and after camp (\$80/wk per child)
- \$9.50 for 1 hour or \$14 for 2 hours

Date(s): _____

Time(s): _____

By use of club facilities, I expressly agree that Mayfair Clubs, its officers, directors, employees, servants or agents, shall not be liable in any manner whatsoever for any damages of any nature or kind whatsoever arising from any injuries sustained by my child while in or about the premises of said facilities; nor shall Mayfair Clubs, its officers, directors, employees, servants or agents, be held liable for any loss or theft, however caused, whether such injury, loss or damage is caused by an act of negligence or omission of staff, management or any other person.

I hereby grant Mayfair Clubs permission to use any photographs that include images of participants in any publications, displays, presentations or other related use in any format (print, electronic, www site, or other media) for the purpose of promoting Mayfair Clubs events, activities and projects. I waive any copyright or other rights I may have in use of images.

PARENT/GUARDIAN SIGNATURE

METHOD OF PAYMENT

- Charge my Member Account # _____
- Visa Master Card Amex
- Cheque (Payable to 'Mayfair Tennis Courts Limited')

Credit Card information	
NAME ON CREDIT CARD	
CREDIT CARD NUMBER	EXPIRY DATE
(SHRED AFTER USE)	

PLEASE SUBMIT FORM TO:

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