



**DAVOR ŠUKER Soccer Academy**  
**Mini-Camp for Charity for all kids ages 9-13**  
 Saturday, May 21 2011, 11am-1pm  
**NYIT, Old Westbury, Long Island**

**Directions: Long Island Expressway to exit 39; make left at the light (Glen Cove Rd heading north); go to Northern Blvd (25A) and make right; 1.2 mile on the right is the main entrance to NYIT campus; go straight to the parking lot; Field is on a left side behind the parking lot.**

**To enroll, please complete the application form below and make a check for \$75 payable to "Croatian American Charitable Foundation".**

**Mail to:** Zvonimir Antolos, Rosini Engineering, PC 142 West 36<sup>th</sup> Street, 17<sup>th</sup> Floor, New York, NY 10018

**Please Note:** Only the first 100 applications received will be guaranteed entry. If you have any questions, please send an email to [zantolos@rosiniengineering.com](mailto:zantolos@rosiniengineering.com) or call: Zvonimir Antolos: Office: 646-747-7466, Cell: 347-881-8961, Phil Pavich: 917-559-7849

**DAVOR ŠUKER Soccer Academy Application**

Full Name: \_\_\_\_\_ Gender (circle one): Male / Female

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone (in case of emergency): \_\_\_\_\_

Email Address: \_\_\_\_\_

Soccer Club (if any): \_\_\_\_\_ Position (circle one): Player / Goalkeeper

Please list any physical limitations (allergies, hearing, sight, etc.): \_\_\_\_\_

**Parental Waiver and Consent Form**

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate in the Davor Šuker Soccer Camp. I understand that there are certain risks of injury inherent in the practice and play of this sport, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participation in these activities, except as listed above. In addition to giving my full consent for my child's participation, I do hereby waive, release, and hold harmless the Davor Šuker Soccer Academy, its coaches and representatives, and any other owners of the fields and facilities utilized for the program for any injury that may be suffered by my child in the normal course of participation and the activities incidental thereto. In case of an emergency, I grant permission for my child to receive emergency treatment.

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_