

# PKSA — PAUL KRUMPE SOCCER ACADEMY APPLICATION

"Where Tomorrow's Stars Get Their Start"

Please fill out this application then mail with your check to:  
PKSA 4749 Darien Street, Torrance, CA 90503. (Fields with \* MUST be filled in!)

Choose any session(s)  Camp 1: June 17-21  Camp 2: June 24-28  Camp 3: July 15-19  
 Camp 4: July 22-26  Camp 5: July 29-August 2

Camper's Name\*: \_\_\_\_\_  
Street Address\*: \_\_\_\_\_  
City\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_  
Sex\*: M/F \_\_\_\_\_ Age At Camp\*: \_\_\_\_\_ Grade Fall 2024\*: \_\_\_\_\_ Date of Birth\* \_\_\_\_\_  
Home Phone\*: \_\_\_\_\_ Cell Phone\*: \_\_\_\_\_  
Email\* : \_\_\_\_\_

Are you interested in after camp care from 3pm-5pm? A separate \$20 an hour fee will apply Y/N \_\_\_\_\_  
*If yes, we will contact you with more information and instructions for paying for after camp care.*  
Additional information or requests Coach Krumpe should be aware of:  
\_\_\_\_\_

I will include \$30.00 for a new ball: Y/N \_\_\_\_\_

## 1st Additional Sibling

Camper's Name : \_\_\_\_\_  
Sex : M/F\_\_ Age At Camp: \_\_\_\_\_ Grade Fall 2024: \_\_\_\_\_ Date of Birth\* \_\_\_\_\_  
Additional information or requests Coach Krumpe should be aware of:  
\_\_\_\_\_

## 2nd Additional Sibling

Camper's Name : \_\_\_\_\_  
Sex: M/F\_\_ Age At Camp: \_\_\_\_\_ Grade Fall 2024: \_\_\_\_\_ Date of Birth\* \_\_\_\_\_  
Additional information or requests Coach Krumpe should be aware of:  
\_\_\_\_\_

## 3rd Additional Sibling

Camper's Name : \_\_\_\_\_  
Sex : M/F\_\_ Age At Camp: \_\_\_\_\_ Grade Fall 2024: \_\_\_\_\_ Date of Birth\* \_\_\_\_\_  
Additional information or requests Coach Krumpe should be aware of:  
\_\_\_\_\_

## IMPORTANT: PARENT GUARDIAN AUTHORIZATION

I hereby authorize the staff of PKSA to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the camp from any and all liability for any injuries or illnesses incurred at camp.

I have no knowledge of any physical impairment that would be affected by the above-named camper's participation in the PKSA camp program.

Parent or Guardian Signature\*: \_\_\_\_\_