

**TOD SILEGY SOCCER CAMP**  
at Walpole Elementary School — July 25-29, 2011



**Registration Form**

Please enroll me in the:

- Full day regular program (ages 9-15) \$160.00 (9:00-3:00)
- 1/2 day beginner program (ages 6-8) \$90.00 (9:00-Noon)
- Full day beginner program (ages 6-8) \$160.00 (9:00-3:00)

\_\_\_\_\_ Sex  M  F  
Last Name First Name Age

\_\_\_\_\_ City State & Zip  
Street Address

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Grade entering: \_\_\_\_\_ School: \_\_\_\_\_

\_\_\_\_\_ Tel # \_\_\_\_\_ Cell # \_\_\_\_\_  
Father/Guardian

\_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_ Tel # \_\_\_\_\_ Cell # \_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_ E-mail \_\_\_\_\_

Desired position:  Defender  Midfielder  Forward  Goalkeeper

Playing experience:  Town League  Junior High  Junior Varsity  Varsity

How did you learn about the Tod Silegy Soccer Camp? \_\_\_\_\_

List two emergency contacts if neither of your parents/guardians can be reached:

1: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

2: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Medical Conditions (*allergies, medications, illnesses, injuries*):

\_\_\_\_\_ Policy #: \_\_\_\_\_  
\*Insurance company:

\_\_\_\_\_ Group #: \_\_\_\_\_  
\*Policy Holder:

\*Application cannot be processed without proper insurance information. Separate medical form required.

***The above-named participant has my permission to participate in the camp program above. In case of emergency, I understand every attempt will be made to contact the person(s) above. If contact is unsuccessful, I give my permission to the attending physician to render medical treatment to the participant, including (if necessary) hospitalization. Any expense arising from injury or illness is the responsibility of the person signing below.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A non-refundable deposit of \$50.00, made out to "Tod Silegy Soccer Camp," must accompany this application. Please call (603) 352-4434 with any additional questions you may have.

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**Mail to:** Tod Silegy Soccer Camp, 14 Nelson St., Keene, NH 03431. Email: [tsilegy@ne.rr.com](mailto:tsilegy@ne.rr.com)  
Visit us on the web at: [www.todsilegysoccercamp.com](http://www.todsilegysoccercamp.com) and explore our daily/weekly photo albums!