

TOD SILEGY SOCCER CAMP

at Chesterfield Elementary School — July 20-24, 2009

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)

Last Name First Name M.I.

Age Height Weight Sex M F

Street Address City State & Zip

Grade entering: _____ School: _____

Position: Defender Midfielder Forward Goalkeeper

Playing experience: Town League Junior High Junior Varsity Varsity

How did you learn about the Tod Silegy Soccer Camp? _____

Emergency contact person 1: _____

Relationship _____ Home Phone: _____ Work Phone: _____

Emergency contact person 2: _____

Relationship _____ Home Phone: _____ Work Phone: _____

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

*Insurance company: _____ Policy #: _____

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: _____

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

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.

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