

TOD SILEGY INDOOR SOCCER CAMP

at the Barbara C. Harris Center, Greenfield, NH 03047



Registration Form

Please enroll me in the:

- Regular soccer camp Feb 18-19-20, 2011 \$225.00
 Sibling soccer camp Feb 18-19-20, 2011 \$200.00

Last Name First Name Age Sex M F

Street Address City State & Zip

Height: _____ Weight: _____ Grade entering: _____ School: _____

Father/Guardian _____ Tel # _____ Cell # _____

E-mail _____

Mother/Guardian _____ Tel # _____ Cell # _____

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*):

*Insurance company: _____ Policy #: _____

*Policy Holder: _____ Group #: _____

*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 \$125.00, 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 Street, Keene, NH 03431
Visit us on the web at: www.todsilegysoccercamp.com and explore our daily/weekly photo albums!