

TOD SILEGY SOCCER CAMP
At Barbara C. Harris Center – February 19-21, 2010
Registration Form



Please enroll me in the residential camp:

- Regular tuition** **\$225.00**
 Additional sibling discount rate **\$200.00**

Last Name First Name M.I.

Age Height Weight Sex M F

Street Address City State & Zip

Grade entering: _____ School: _____

Roommate's Name _____

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 \$100.00, due by February 5th and 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 14 Nelson Street, Keene, N.H. 03431