



Paper Registration Form

(if you prefer registering on-line, on-line registration will be available 1/16/17)
August 7-11, 2017

Player Name: _____

Street Address: _____

Town: _____ State: _____ Zip Code: _____

Parent/Guardian Name(s): _____

Best Phone for Parent Contact: _____

Best Phone for Emergency Contact (if different than above): _____

Parent Email: _____ Grade Entering in Fall 2017: _____

T-Shirt Size (circle one):
Youth Medium Youth Large Adult: Small Medium Large XL

Interest in Specialized Goal Keeper Training: Yes No Maybe

Any Special Requests? (friend or age group to be placed with, etc...): _____

How did you hear about Slocum Soccer School? _____

This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local Board of Health.

Please complete this registration form and the Medical Treatment Authorization /Release form and mail together with a check for \$350 made out to "Slocum Soccer School" to: Slocum Soccer School, 24 Millbrook Rd., Wayland, MA 01778.

A copy of a recent doctor's physical and immunization record will be required before July 18

Medical Treatment Authorization/Release:

I hereby authorize the directors of Slocum Soccer School to provide care and medical treatment as necessary to my daughter:

_____ (daughter's name)

Please list any physical conditions that the staff should be aware of below (allergies, recurring illnesses, disabilities, chronic illnesses, etc...):

In the event that an illness or injury would require more extensive evaluation or treatment, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I consent for the directors of "Slocum Soccer School" to authorize any necessary treatment. I understand that family medical insurance must be used. Slocum Soccer School does not provide medical insurance for participants.

Name of Family Physician: _____

Family Physician's Office Phone: _____

Medical Insurance Company: _____

Policy/Group Number: _____

I, the undersigned, individually and as a parent/guardian of:
_____ (daughter's name),

a minor, ask that she be admitted to participate in Slocum Soccer School. In consideration of such admission, I do hereby agree to release, discharge and hold harmless Concord Academy and "Slocum Soccer School" and their employees from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the training/conditioning program or in the course of competition and/or activities held in connection with the training/conditioning program.

Signature: _____ Date: _____