

Boston Soccer Academy

PO Box 555

Ipswich, MA 01938

Call 617-797-6619 for further information

Register Online, download Applications & Medical

Fornis, get clinic information & updates at

www.bostonsocceracademy.com

plus information on all our programs

*** Private Training & Custom Soccer Clinics**

*** Pro Coach Services for Youth Soccer Associations**

*** February & April Vacation Clinics**

*** Year-round training programs: Fall, Winter & Spring**

including Goalkeeper Academy, Speed & Agility,

Technical Development & Striker School

Presorted Standard

U.S. Postage

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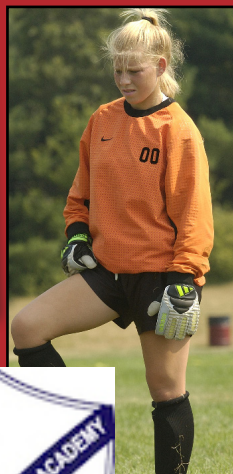
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www.BostonSoccerAcademy.com
www.facebook.com/bostonsocceracademy
admin@bostonsocceracademy.com

BOSTON SOCCER ACADEMY 2018

THE FUTURE AT YOUR FEET!



Directed by **RALPH FERRIGNO**

*Soccer Programs in Greater Boston for over 25 years
COED clinics with a goalkeeper program*

ALL CLINICS COED WITH A GOALKEEPER PROGRAM

Please Note: Grades are as of September 2018

Date **4 Day Clinic Sites / Grades 1-10)**

Junior Camp (grades 1-4) & Advanced Camp (grades 5-10)

July 9-12 **SHORE COUNTRY DAY** *Beverly*

July 16-19 **SHORE COUNTRY DAY** *Beverly*

July 23-26 **SHORE COUNTRY DAY** *Beverly*

Aug 6-9 **GREATER LAWRENCE TECH** *Andover*

Aug 13-16 **TOWER SCHOOL** *Marblehead*

Date **4 Half Day Clinics Site / Grades 1-8**

June 25-28 **PHILLIPS PARK **** *Swampscott*

July 30-Aug 2 **IPSWICH HIGH SCHOOL** *Ipswich*

Level **Cost/Non-Refundable Deposit**

Junior Day (9 am-4 pm) **\$260** **\$100**

Junior Halfday (9 am-12 or 1-4pm) **\$160** **\$100**

Advanced Day (9 am-4 pm) **\$300** **\$100**

Advanced Halfday (9 am-12 or 1-4pm) **\$200** **\$100**

4 Half Day Clinics (9am-12) **\$160** **\$100**

2-Week Discounts

Junior Day Clinics **\$400** **\$200**

Junior Halfday Clinics **\$220** **\$200**

Advanced Day Clinics **\$480** **\$200**

Advanced Halfday Clinics **\$300** **\$200**

Go to www.bostonsocceracademy.com for a full description of our programs, our staff & team rates.

Online registration available. Like us on Facebook!

www.facebook.com/bostonsocceracademy

BOSTON SOCCER ACADEMY SUMMER DAY CLINICS 2018

[February 2018]

[ONE APPLICATION FOR EACH WEEK ATTENDED. PHOTOCOPY IF NECESSARY]

NAME: _____ DOB ___/___/___ Age (on 8/1/18): _____ Grade (Fall 18): _____ Sex: M / F
MAILING ADDRESS: _____ Home Phone: _____
CITY: _____ STATE: _____ ZIP: _____ Mother's Cell Phone: _____
NAME OF PARENTS OR GUARDIAN: _____ Father's Cell Phone: _____
Email (write clearly to receive confirmation): _____
School (Fall 18): _____ Level (circle): **HS MIDDLE SCHOOL ELEMENTARY**
Town/Club: _____ Level (circle one): **YSA TOWN PREMIER**
ODP Level (if applicable): **DISTRICT STATE POOL STATE TEAM HAVEN'T TRIED OUT**
T-Shirt Size (circle): **YM YL AS AM AL XL** Position (circle one): **GK Def Mid Fwd**

BOSTON SOCCER ACADEMY SCHEDULE 2018

descriptions of all programs can be found at www.bostonsoocceracademy.com Please include a deposit for every week you wish to attend. A deposit for one week does not cover multiple weeks. Check website or BSA brochure for tuition fees.

<u>Summer 4 Day Clinics</u> (<i>grades Fall 2017, Jr gr 1-4, Advanced gr 5-10</i>)	<u>It-9-4</u>	<u>Adv 9-4</u>	<u>halfday 9-12</u>	<u>halfday 1-4</u>	<u>Goalie</u>
June 25-28	SWAMPSCOTT PHILLIPS PARK (9:00am -12:00pm)	<input type="checkbox"/>			
July 9-12	SHORE COUNTRY DAY, Beverly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 16-19	SHORE COUNTRY DAY, Beverly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 23-26	SHORE COUNTRY DAY, Beverly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 30-Aug 2	IPSWICH HS JACK WELCH STADIUM (9:00am -12:00pm)	<input type="checkbox"/>			
August 6-9	GREATER LAWRENCE TECH, Andover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 13-16	TOWER SCHOOL, Marblehead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT Send application & non-refundable deposit to: **BOSTON SOCCER ACADEMY, BOX 555, IPSWICH, MA 01938**

Check payable to: [Boston Soccer Academy](#) Non-refundable Deposit: **\$100 for Day Clinics**

Circle credit card: [MasterCard/Visa/Amex/Discover](#) CARD#: _____ EXP DATE: ___/___/___

NOTE: NO DEPOSITS BY CREDIT CARD PERMITTED - CREDIT CARD PAYMENTS WILL BE CHARGED THE FULL COST OF THE CLINIC.
Two-Week Discount: This is a rate if the player is attending 2 weeks. Please do not subtract discounts from the deposit.

Please include a deposit for every week you wish to attend. A deposit for one week does not cover multiple weeks.

I understand that the directors & coaches of Boston Soccer Academy, or anyone associated with either Shore Country Day, Ipswich HS, The Town of Swampscott, Tower School, Medford HS, Wellesley College, Greater Lawrence Tech or any other site used by Boston Soccer Academy, its trustees, agents and officers, will not assume responsibility for accidents & medical or dental expenses incurred as a result of participation in this program. The applicant is covered by our family insurance, is in good health and able to participate in the physical activity of a vigorous program. I hereby authorize the camp directors to act for me according to their best judgement in any emergency requiring medical attention. I will hold harmless Shore Country Day, Ipswich HS, The Town of Swampscott, Tower School, Medford HS, Wellesley College, Greater Lawrence Tech or any other site used by Boston Soccer Academy its trustees, agents and officers of any and all liability actions, causes of action, claims & demands of every kind and nature whatsoever which may arise in connection either with or resulting from participation in any of its activities.

Office Use Only

Fee: \$ _____
Date: ___/___/___ Deposit: \$ _____ Check #: _____
Dis Type: _____ Dis Amt: \$ _____ Balance: \$ _____
Bal Pd: \$ _____ CK/CC: _____
Notes: _____

Parent or Guardian Signature _____

Date: _____

Family Health Insurance Company & Policy # _____

(Required for ALL participants before accepted to clinic).