

BOSTON SOCCER ACADEMY PRIVATE TRAINING APPLICATION & RELEASE

NAME: _____ DOB ____/____/____ Current Age: ____ Grade: ____ Sex: M / F
 MAILING ADDRESS: _____ Home Phone: _____
 CITY: _____ STATE: _____ ZIP: _____ Emergency Phone: _____
 NAME OF PARENTS OR GUARDIAN: _____
 Email (write clearly to receive confirmation): _____
 School: _____ Level (circle): HS Jr HIGH 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

INDIVIDUAL PLAYER - CHECK DESIRED SESSION(S)

- One Session, Cost \$80
- Two Sessions, Cost \$150
- Three Sessions, Cost \$210
- Four Sessions, Cost \$270
- Five Sessions, Cost \$300
- Group payment option \$ _____

PAYMENT

Please send to: **Boston Soccer Academy,**
PO Box 555, Ipswich, MA 01938
 Check payable to: **Boston Soccer Academy**
 Circle credit card: **MasterCard/Visa/Amex/Discover**
 CARD#: _____
 EXP DATE: ____/____/____

CONSENT FOR MEDICAL TREATMENT [Minor]

As Parent or Legal Guardian of _____ I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or the well-being of my dependent. Known allergies and other pertinent medical information:

*I understand that the directors & coaches of **Boston Soccer Academy, 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 **Boston Soccer Academy, 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.*

_____ Date: _____
 Parent or Guardian Signature

_____ Family Health Insurance Company & Policy #
(Required for ALL players before accepted to BSA training.)

Office Use Only

Fee: \$ _____ Date: ____/____/____ Deposit: \$ _____ Check #: _____

Dis Type: _____ Dis Amt: \$ _____ Balance: \$ _____

Bal Pd: \$ _____ Ck/CC: _____

Notes: _____