

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.bostonsocceracademy.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.

Summer 4 Day Clinics (grades Fall 2017. Jr gr 1-4, Advanced gr 5-10) Jr 9-4 Adv 9-4 halfday 9-12 halfday 1-4 Goalie

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"/>	<input type="checkbox"/>
July 16-19	SHORE COUNTRY DAY, Beverly	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>
August 13-16	TOWER SCHOOL, Marblehead	<input type="checkbox"/>	<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.

 Parent or Guardian Signature

Date: _____

 Family Health Insurance Company & Policy #

(Required for ALL participants before accepted to clinic).

Fee: \$ _____	Office Use Only
Date: ___/___/___	Deposit: \$ _____ Check #: _____
Dis Type: _____	Dis Amt: \$ _____ Balance: \$ _____
Bal Pd: \$ _____	Ck/CC: _____
Notes: _____	