

BOSTON SOCCER ACADEMY CLINICS APPLICATION Winter 2018-2019

NAME: _____ DOB ___/___/___ Age (on 8/1/18): ___ Grade (Fall 18): ___ Sex: M / F
 MAILING ADDRESS: _____ Home Phone: _____
 CITY: _____ STATE: _____ ZIP: _____ Emergency Phone: _____
 NAME OF PARENTS OR GUARDIAN: _____
 Email (write clearly to receive confirmation): _____
 School (Fall 18): _____ 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

PLEASE CHECK DESIRED SESSION(S) DROP IN FEE FOR ANY SESSION IS \$30

Session 1: NOVEMBER-DECEMBER 2018 - 3 sessions (see web-site for dates)

- **Grades 2-4, School of Excellence at SHORE COUNTRY DAY, Wednesdays, 6-7:30pm, Boys & Girls**
- **Grades 5-8 1vs1 Clinic at SHORE COUNTRY DAY, Thursdays 6-7pm, Boys & Girls**
- **High School Age 1vs1 Clinic at SHORE COUNTRY DAY, Thursdays 7-8pm, Boys & Girls**
- **Fees** – The fee is **\$75** for the School of Excellence & 1vs1 Clinic

Session 2: JANUARY-MARCH 2019 - 9 sessions (see web-site for exact dates)

- **Grades 2-4, School of Excellence at SHORE COUNTRY DAY, Wednesdays, 6-7:30pm, Boys & Girls**
- **Grades 5-8 1vs1 Clinic at SHORE COUNTRY DAY, Thursdays 6-7pm, Boys & Girls**
- **High School Age 1vs1 Clinic at SHORE COUNTRY DAY, Thursdays 7-8pm, Boys & Girls**
- **Fees** – The fee is **\$195** for the School of Excellence & **\$180** for the 1vs1 Clinic

Both Sessions: NOVEMBER 2018-MARCH 2019 - 12 sessions (see web-site for exact dates)

- **Grades 2-4, School of Excellence at SHORE COUNTRY DAY, Wednesdays, 6-7:30pm, Boys & Girls**
- **Grades 5-8 1vs1 Clinic at SHORE COUNTRY DAY, Thursdays 6-7pm, Boys & Girls**
- **High School Age 1vs1 Clinic at SHORE COUNTRY DAY, Thursdays 7-8pm, Boys & Girls**
- **Fees** – The fee is **\$240** for the School of Excellence & **\$225** for the 1vs1 Clinic

PAYMENT Please send application & payment to: **Boston Soccer Academy, PO Box 555, Ipswich, MA 01938**
 Check payable to: **Boston Soccer Academy** Tuition costs are listed above.
 Circle credit card: **MasterCard / Visa / Amex / Discover**
 CARD#: _____ EXP DATE: ___ / ___

I understand that the directors & coaches of Boston Soccer Academy, or anyone associated with either the Danvers Indoor Sports, Shore Country Day, Tower School 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, Danvers Indoor Sports, Shore Country Day, Tower School 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.)

Office Use Only

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