

BOSTON SOCCER CAMPS & CLINICS APPLICATION Summer 2019

NAME: _____ DOB ___/___/___ Age: _____ Grade (Fall 2019): _____ 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

BOSTON SOCCER CAMPS SCHEDULE 2019

descriptions of all programs can be found at www.bostonsocceracademy.com

Dates	(grades Fall 2019. Jr gr 1-4, Advanced gr 5-10)	<u>Jr 9-4</u>	<u>Adv 9-4</u>	<u>halfday 9-12</u>	<u>halfday 1-4</u>	<u>Goalie</u>
July 8-11	Ipswich High School (9:00am -12:00pm)	<input type="checkbox"/>		<input type="checkbox"/>		
July 8-11	Swampscott Phillips Park (9:00am -12:00pm)	<input type="checkbox"/>		<input type="checkbox"/>		
July 15-18	Shore Country Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 22-25	Shore Country Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 29-Aug 1	Concord Academy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 12-15	Tower School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Elite High School Overnight Camp & Junior Academies	Resident	<u>Ext 9-8</u>	<u>Adv 9-4</u>	<u>halfday 9-12</u>	<u>halfday 1-4</u>
August 4-8 Curry College (groups grades 4-5, 6-8 & gr 9-12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Field Player</u>		<u>Goalie</u>		
	<input type="checkbox"/>		<input type="checkbox"/>		

Roommate Requests: _____

Will bring car to the overnight camp

PAYMENT

Please send application & payment to:

Boston Soccer Camps, PO Box 555, Ipswich, MA 0193

Checks payable to: Boston Soccer Camps

Circle credit card: MasterCard/Visa/Amex/Discover

CARD#: _____ **EXP DATE:** ___/___/___

I understand that the directors & coaches of Boston Soccer Camps, or anyone associated with either the Ipswich HS, Swampscott Middle School, Shore Country Day, Concord Academy, Curry College, Tower School or any other site used by Boston Soccer Camps, 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 Camps, Ipswich HS, Swampscott Middle School, Shore Country Day, Concord Academy, Curry College, Tower School or any other site used by Boston Soccer Camps 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

 Family Health Insurance Company & Policy #

(Required for ALL players before accepted to BSC)

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