

New England Soccer Academy - 1/2 Day Session

Application Form – July 28-31 (Mon-Thurs)



Participant's Name _____

Address _____

City _____ State _____ Zip _____

Age as of Camp _____ Grade as of Fall 2014 _____ Home Phone: _____

Parents/Legal Guardians _____

Parent Email: _____

Emergency Contact/Phone _____

T-SHIRT SIZE:

Youth Small _____ Youth Large _____ Youth Medium _____ Adult Small _____ Adult Medium _____

PRICE: \$150 (Early Bird Discount of 10% if registered before 6/1/2014) | \$10 off each additional sibling

Please Make Checks Payable to: The New England Soccer Academy

APPLICATION FOR SECOND PARTICIPANT OR SIBLING

Participant's Name _____

Address _____

City _____ State _____ Zip _____

Age as of Camp _____ Grade as of Fall 2014 _____ Home Phone: _____

Parents/Legal Guardians _____

Parent Email: _____

Emergency Contact/Phone _____

T-SHIRT SIZE:

Youth Small _____ Youth Large _____ Youth Medium _____ Adult Small _____ Adult Medium _____

PRICE: \$150 (Early Bird Discount of 10% if registered before 6/1/2014) | \$10 off each additional sibling

New England Soccer Academy – ½ Day Session

Personal Health Form – July 28-31 (Mon-Thur.)



EMERGENCY CONTACT INFORMATION:

Player Name _____

Parent(s) /Guardian(s) Name _____

Emergency Contact Phone Number(s) _____

INSURANCE INFORMATION

Insurance Carrier _____ Insurance Policy/ID Number _____

****PLEASE ATTACH A PHOTOCOPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD WITH THIS APPLICATION**

OTHER INFORMATION:

Please list any allergies: _____

Please list any medications/dosages you take on a regular basis: _____

Do you suffer from Asthma? ___Yes ___No | Do you have contact lenses? ___Yes ___No

Do you have any injuries or medical conditions our athletic trainers and staff should know about?

PARENTAL WAIVER

Parent/Guardian Acknowledgement: I understand that neither Bowdoin College nor anyone associated with The New England Soccer Academy will assume any responsibility (monetarily or personally) for accident, damage, or injury to myself/my child or property (including but not limited to medical or dental) incurred as a result of participating in the camp program. My child is in good health, is covered by insurance, and is able to participate in rigorous athletic activity. In the event of injury or illness, I authorize The New England Soccer Academy staff to act for me according to their best judgment in getting my child medical care from which my insurance will be used for any expenses.

I accept that The New England Soccer Academy retains the right to take and use photos of campers for future marketing and advertising purposes.

Parent Signature _____ Date _____

PLEASE RETURN THE APPLICATION, HEALTH FORM AND COPY OF YOUR INSURANCE CARD TO:

**Scott Wiercinski
Bowdoin College Men's Soccer
9000 College Station
Brunswick, ME 04011**