



# New England Soccer Academy – Elite Session

## **Application Form – July 19 - 22, 2017**

Participant's Name \_\_\_\_\_

Participant Email (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age as of Camp \_\_\_\_\_ Grade as of Fall 2017 \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact/Phone \_\_\_\_\_

Parents/Legal Guardians \_\_\_\_\_

Parent Email: \_\_\_\_\_

### **PLAYING EXPERIENCE:**

High School Varsity \_\_\_\_\_ High School Jr.Varsity \_\_\_\_\_ Junior High \_\_\_\_\_

Youth Club \_\_\_\_\_ Other: \_\_\_\_\_

### **Team Name**

Club Team Name \_\_\_\_\_

School Team Name \_\_\_\_\_

**(To receive Team Discount, 8+ registrations from same team must be collected and submitted within one mailing)**

**Primary Position:** GK \_\_\_\_\_ DEF \_\_\_\_\_ MID \_\_\_\_\_ FOR \_\_\_\_\_

**Dominant Foot:** Left \_\_\_\_\_ Right \_\_\_\_\_

### **T-SHIRT SIZE:**

Youth Small \_\_\_\_\_ Youth Large \_\_\_\_\_ Youth Medium \_\_\_\_\_

Adult Small \_\_\_\_\_ Adult Medium \_\_\_\_\_ Adult Large \_\_\_\_\_ Adult XL \_\_\_\_\_

**ROOMATE REQUEST** (Optional—must be mutual): \_\_\_\_\_

**PRICE: \$595 (Early Bird Discount of \$50 if registered before 4/15/2017) | \$495 Commuter**

**Please Make Checks Payable to: The New England Soccer Academy**

Please complete a separate application form for each additional participant, including siblings



# **The New England Soccer Academy – Elite Session**

## **Personal Health Form – July 19 - 22, 2017**

### **EMERGENCY CONTACT INFORMATION:**

Player Name \_\_\_\_\_

Parent(s) /Guardian(s) Name \_\_\_\_\_

Emergency Contact Phone Number(s) \_\_\_\_\_

### **INSURANCE INFORMATION**

Insurance Carrier \_\_\_\_\_ Insurance Policy/ID Number \_\_\_\_\_

**\*\*PLEASE SUPPLY 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**