



New England Soccer Academy – Elite Session

Application Form – July 15 – 18, 2020

Participant's Name _____

Participant Email (please print) _____

Address _____

City _____ State _____ Zip _____

Age as of Camp _____ Grade as of Fall 2020 _____ 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: \$645 (Early Bird Discount of \$50 if registered before 3/15/2020) | \$545 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 15 – 18, 2020

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:

**Peter Mills
Bowdoin College Men's Soccer
9000 College Station
Brunswick, ME 04011**