

ADVANTAGE SOCCER SCHOOL

REGISTRATION FORM

PLEASE RETURN FORM AND FULL PAYMENT TO:
26 Wellington Road, Plymouth, MA 02360

CHECKS PAYABLE TO: JOHN TOCCI

PLAYERS NAME: _____ AGE: _____ SHIRT SIZE: _____

PLAYERS NAME: _____ AGE: _____ SHIRT SIZE: _____

PLAYERS NAME: _____ AGE: _____ SHIRT SIZE: _____

PLAYERS NAME: _____ AGE: _____ SHIRT SIZE: _____

ADDRESS: _____

CITY/ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMERGENCY PHONE: _____

EMAIL ADDRESS: _____

MALE OR FEMALE

FIELD PLAYER OR GOALKEEPER OR BOTH

DAY CAMPER OR HIGH SCHOOL TRAINING SESSIONS

POLICY HOLDER: _____ CARRIER POLICY #: _____

WILL YOU BE TAKING THE BUS? YES (CIRCLE ONE) NO

BUS #: _____ BUS STOP: _____

ALLERGIES AND MEDICATIONS _____

The undersigned parent or guardian understands that the applicant will engage in physical activity during this program, which contains an inherent risk of physical injury, and the undersigned assumes the risk, and hereby release Advantage Soccer School, schools, directors and employees from any and all liability for personal injury arising out of the applicant's participation in the camp program. I hereby grant permission for my son/daughter to attend Advantage Soccer School and to be treated by a licensed physician or member of the athletic staff for any personal injury or mishap. I further agree to pay through my insurance company or otherwise for any medical treatment that may be necessary. I certify that my child is in good health and is able to participate in all camp activities.

PARENT SIGNATURE: _____

Administration Use Only:

Date _____ # _____ \$ _____ called _____ contact _____