

Soccer Smiles, World Cup or Fast Trac 2009

Sponsored by Hingham Youth Soccer, Inc.

REGISTRATION FORM

Please Print: Please fill in ALL parts of the application AND ENCLOSE FULL PAYMENT

Camper's Name _____ SEX _____ AGE _____ DOB _____

Sibling Camper's Name _____ SEX _____ AGE _____ DOB _____

Parent / Guardian Name _____

Address _____

Town / City _____ State / Zip _____

Home Number _____ Work Number _____

E-Mail Address _____

HOST-A-COACH

Yes, I would definitely like to Host-a-Coach

I would consider Host-a-Coach. Please send more information.

Emergency Contact and Number _____

Please check off enrollment sessions:

SOCCER SMILES: Session 2

WORLD CUP OR FAST TRAC: Session 4

I wish to purchase a ball for \$25. YES

SHIRT SIZE(Check one): YS YM YL AS AM AL AXL

FEES: CAMP COST \$ _____

CAMP BALL \$ _____

TOTAL \$ _____

CHECK NUMBER: _____

Please note that we will be sending a confirmation letter including directions to soccer fields.

Please make checks payable to **HINGHAM YOUTH SOCCER, INC.** Checks are non-refundable.

Mail to: Tom Campbell, 10 Stoddard Road, Hingham MA 02043

If you have any questions, please call 781-749-4158

MEDICAL INFORMATION

Health Insurance Provider: _____ Policy Number: _____

Primary Care Physician: _____ Physician Phone # _____

Child Allergies: _____

Child Medical Problems: _____

Please submit a permission slip if someone other than the parent or guardian is picking up the camper. If a camper will miss a session, please contact camp coordinator prior to the beginning of the camp day. Campers who are unable to participate during a portion of the day will be treated and supervised. Parents/Guardians/Emergency contacts will be contacted in case of more serious illness or injuries. An ambulance will be contacted for campers with injuries or illnesses needing hospitalization. Lost equipment and personal belongings are not the responsibility of the camp. If my child disobeys camp rules, I agree that my child may be asked to leave the camp with no refund of camp fees. If registration is cancelled more than 7 days prior to camp, a refund minus a \$25 fee will be issued at the end of the camp season.

I hereby release PLAY SOCCER CAMPS / HINGHAM YOUTH SOCCER, INC. from any and all claims and liability of any kind of personal injury or property damage due to participation in this camp. I certify that my child is in good health and is able to participate in physical activities, including soccer. In the event of illness or injury, I grant permission to take appropriate action for my child's health and safety and to obtain any necessary medical assistance. I will be fully responsible for all medical expenses incurred by my child while attending the camp. Written authorization to administer prescribed medications must be signed by the parent or guardian. This medication must be kept and administered by a health supervisor. I have read and freely signed this agreement which will take effect as a sealed instrument:

PARENT/GUARDIAN'S
SIGNATURE: _____

DATE: _____

World Cup, Fast Trac, or Goalkeeper Training 2009

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Address _____

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E-Mail Address _____

HOST-A-COACH

Yes, I would definitely like to Host-a-Coach

I would consider Host-a-Coach. Please send more information.

Emergency Contact and Number _____

Please check off enrollment sessions:

FAST TRAC (ages 12 thru 18) OR WORLD CUP (ages 7 thru 11):

Session 7 Full Day Half Day AM PM Team Camp

I wish to purchase a ball for \$25. YES

SHIRT SIZE(Check one): YS YM YL AS AM AL AXL

FEES: CAMP COST \$ _____

CAMP BALL \$ _____

TOTAL \$ _____

CHECK NUMBER: _____

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