

## SUMMER 2010 REGISTRATION FORM

Please complete and mail registration form with signed medical release and check for \$310:

**SLOCUM SOCCER SCHOOL  
24 MILLBROOK ROAD  
WAYLAND, MA 01778**

Last Name \_\_\_\_\_ First \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade Entering in Fall 2010 \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Best E-mail Address for correspondence \_\_\_\_\_

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

Best Phone for Emergency Contact \_\_\_\_\_

**T-Shirt Size** (circle one) Please check w/ your daughter!  
Youth sizes: L Ladies Sizes: S M L XL

**Interested in Specialized Goal Keeper Training?**

(circle one) Yes No Maybe

**Any special requests?** (friend or age group to be placed with, etc...)

**What soccer team(s) does your daughter play on?**

(Please note age group, division and league, e.g. Stars

GU12, Div. 2, MAPLE)

**How did you hear about us?**

**This camp must comply with regulations of the  
Massachusetts Department of Public Health and be  
licensed by the local board of health.**

for office use only:

Deposit: \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

Bal PD: \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

Confirmation Sent: \_\_\_\_\_ Medical Forms: \_\_\_\_\_

## MEDICAL TREATMENT AUTHORIZATION/RELEASE

I hereby authorize the directors of Slocum Soccer School to provide care and medical treatment as necessary to my daughter:

\_\_\_\_\_  
(camper's name)

Physical conditions that the staff should be aware of (allergies, recurring illnesses, disabilities, chronic illnesses, etc.):

In the event that an illness or injury would require more extensive evaluation or treatment, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I consent for the directors of the "Slocum Soccer School" to authorize any necessary treatment. I understand that family medical insurance must be used. Slocum Soccer School does not provide medical insurance for campers.

\_\_\_\_\_  
Name of family physician

\_\_\_\_\_  
Family physician's Office Phone

\_\_\_\_\_  
Medical Insurance Co.

\_\_\_\_\_  
Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

I, the undersigned, individually and as a parent/ guardian of:

\_\_\_\_\_  
(camper's name)

a minor, ask that she be admitted to participate in "Slocum Soccer School." In consideration of such admission, I do hereby agree to release, discharge and hold harmless Concord-Carlisle High School, "Slocum Soccer School" and their employees from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the camp or in the course of competition and/or activities held in connection with the camp.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_