



# SOUTH MEADOW SOCCER SCHOOL

Peterborough — July 5-9, 2010



## Registration Form

Please enroll me in the:

- Full day regular program (ages 9-15) \$160.00 (9:00-3:00)
- 1/2 day beginner program (ages 6-8) \$90.00 (9:00-Noon)
- Full day beginner program (ages 6-8) \$160.00 (9:00-3:00)

\_\_\_\_\_  
Last Name First Name M.I.

\_\_\_\_\_  
Age Height Weight Sex  M  F

\_\_\_\_\_  
Street Address City State & Zip

Grade entering: \_\_\_\_\_ School: \_\_\_\_\_

Position:  Defender  Midfielder  Forward  Goalkeeper

Playing experience:  Town League  Junior High  Junior Varsity  Varsity

How did you learn about the South Meadow Soccer School? \_\_\_\_\_

Emergency contact person 1: \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency contact person 2: \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical Conditions (*allergies, medications, illnesses, injuries*):

\_\_\_\_\_

\*Insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

***The above-named participant has my permission to participate in the camp program above. In case of emergency, I understand every attempt will be made to contact the person(s) above. If contact is unsuccessful, I give my permission to the attending physician to render medical treatment to the participant, including (if necessary) hospitalization. Any expense arising from injury or illness is the responsibility of the person signing below.***

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

\*Application cannot be processed without proper insurance information. Separate medical form required.

A non-refundable deposit of \$50.00, made out to "South Meadow Soccer School," must accompany this application. Please call 924-7105 x1268 with any question you may have.

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**Mail to:** South Meadow Soccer School, 108 Hancock Rd, Peterborough, NH 03458.

Email: [southmeadowsoccer@gmail.com](mailto:southmeadowsoccer@gmail.com)