

# TOD SILEGY SOCCER CAMP PETERBOROUGH

108 Hancock Rd (South Meadow School), Peterborough, NH 03458

July 1-5

July 8-12

## Registration and Health Form

Please enroll me in the:

- |   |             |          |              |
|---|-------------|----------|--------------|
| <input type="checkbox"/> Full day regular program | (ages 6-15) | \$200.00 | (9:00-3:00)  |
| <input type="checkbox"/> ½ day beginner program   | (ages 6-8)  | \$125.00 | (9:00-11:30) |

\_\_\_\_\_ Sex  M  F  
Last Name First Name Age  
\_\_\_\_\_  
Street Address City State & Zip  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Grade entering: \_\_\_\_\_

- Desired position:  Defender  Midfielder  Forward  Goalkeeper  
Playing experience:  Town League  Junior High  Junior Varsity  Varsity

How did you learn about us? \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Tel # \_\_\_\_\_ Cell # \_\_\_\_\_  
E-mail \_\_\_\_\_  
Mother/Guardian \_\_\_\_\_ Tel # \_\_\_\_\_ Cell # \_\_\_\_\_  
E-mail \_\_\_\_\_

List two emergency contacts if neither of your parents/guardians can be reached:

1: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
2: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

***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: \_\_\_\_\_

A non-refundable deposit of \$50, made out to "Tod Silegy," must accompany this application. Please call Coach Silegy (603) 352-4434 with any additional questions you may have.

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**Mail to:** Tod Silegy, 14 Nelson Street, Keene NH 03431

