

Francis Okaroh's Ultimate Soccer Academy Registration Application
 April Vacation Soccer Blast April 16 - 19, 2012 Mon- Thu for Boys & Girls ages 6-14

Name(s):
 (1) _____ Current grade: _____ Gender: _____
 (2) _____ Current grade: _____ Gender: _____
 (3) _____ Current grade: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Contact Information

Parent Name(s): _____

Daytime Phone: _____ Other Number: _____

Insurance Information

Medical Insurance Carrier: _____ Policy# _____

Medical Conditions or Special Needs? Please describe any medical conditions or special needs we should be aware of (use back of form for extra space):

 INJURY WAIVER: I hereby absolve the town of Medfield including all coaches, managers, officers, and others participating in league activities from all liability and will not hold them responsible for injury incurred to the registered person(s) and hereby give my approval to participation in this program. It is my understanding that coaches have the authority to suspend registered players for poor behavior detrimental to the purposes of the program. **This program is not licensed as a Recreational Camp by the Board of Health.**

Parent Signature: _____ Date: _____

Please indicate your choice for shirt/ball sizes in the box below: (If you have more than one clinic participant attending please indicate sizes for each one) Clinic attendees that register late may not get their desired sizes.

Available sizes:

T-Shirt Size (Youth Sizes): Small Medium Large X-Large

T-Shirt Size (Adult Sizes): Small Medium Large X-Large

T shirt: S size(s): _____, _____, _____
Ball: (Circle one) SIZE 4 _____ SIZE 5 _____

Check the correct boxes that apply:

- Save 20% on Registration by sending your Application by December 31st, 2011
- Save 10% on Registration by sending your Application by February 15th, 2012

Half Day (9:00 am – NOON) \$200 Full Day (9:00 am- 4:00pm) \$400

Late fee \$30 For registrations after MARCH 15, 2012

Discounts for each additional family member:

- \$150 for Half Day Session for each additional Family Member
- \$300 for Full Day Session for each additional Family Members

Amount Enclosed \$ _____

Total Number of Clinic Participants: _____

Make Checks Payable To: Francis Okaroh
 Mail Registration forms to: 23 Paquin Drive, Marlborough, MA 01752

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