

"The Boro" Soccer Academy
Application Form

Name:

Address:

City:

State:

Zip Code:

Age:

Grade (Fall of We go kpi "[gct):

Gender: Male Female

Position: K D M F ?

Father's Name:

Mother's Name:

Father's Home #: ()

Mother's Home #: ()

Father's Work #: ()

Mother's Work #: ()

Father's Cell #: ()

Mother's Cell #: ()

Another Emergency Contact Name:

Home #: ()

Work #: ()

Cell #: ()

Insurance Company Name:

Policy Number:

Name of Policy Holder:

Allergies: YES

NO

If YES, Please list:

Is the player currently taking any medications? YES NO

If YES please list:

"

Any other Medical Conditions to be aware ofA" YES NO

If YES please"list:

Date of Last Tetanus Shot:

I/we hereby certify that I am the parent or guardian of the participant, and give permission for his/her participation in “The Boro” Soccer Academy. I/we hereby give permission to the staff to seek the appropriate medical attention and treatment in the event of an injury or sickness. I/we will be responsible for any and all medical expenses the participant incurs during the camp, and is not covered by secondary insurance policies. I/we waive and release the staff , directors, Swansboro High School and other agents of “The Boro” Soccer Academy from all liability and claims resulting from personal injury damage or loss that may be sustained before, during and after camp activities. My signature on the application form signifies that I agree and will abide with this waiver.

Parent Name (Please Print):

Parent Signature: _____

Date:

Camp Cost: \$80

Deposit: \$

Balance Due: \$

Make Checks Payable to Doug Kidd and mail to:

Swansboro High School
Attn: Doug Kidd
161 Queens Creek Rd
Swansboro NC 28584