

“GSSS 2011 Summer Camp Registration/Medical release form”

Circle Camp(s) your signing up for:

Camp A - July 25th - 29th Reeds Ferry School, Merrimack, NH 8:30am-12pm "Youth Soccer Camp" (\$95)

Camp B – July 25th – 28th Manchester Memorial 9am-12pm "Youth Soccer Camp" (\$95)

Camp C - Aug 1st - 5th 9am-12pm MCAA Fields, Milford, NH "Youth Soccer Camp" (\$95)

Camp D - Aug 8th-12th Kollsman Field, Merrimack, NH 8am-11am "High School Prep" (\$125)

Camp E Aug 8th -11th Manchester Memorial 9am-12pm "High School Prep" (\$125)

Clinic F - Aug 7th-11th Auburn Youth Soccer Clinic 6-8pm Auburn, NH (\$95)

Camp G - Aug 15th-19th Larter Fields, Dunstable, Mass 9am-12pm "Youth Soccer Camp" (\$95)

Clinic HB - Aug 22nd, 23rd & 24th GD Soccer Clinic (Boys) 8am-10am @ Larter Fields Dunstable, Mass (\$80)

Clinic HG Aug 22nd, 23rd & 24th GD Soccer Clinic (Girls) 10am-12pm @ Larter Fields Dunstable, Mass (\$80)

2011 REGISTRATION & MEDICAL RELEASE FORM (Required)

Please fill in this form completely.

Players Name: _____ Birthdate: _____

Phone: _____ Address: _____

City: _____ Zip: _____ Email _____

Seizure Disorder: _____ Asthma: _____ Allergies: _____

Orthopedic Injuries or Disorder: _____ Drug Sensitivity or Allergy: _____

Chronic Medical Problems: _____

Name of personal physician: _____ Phone: _____

A parent or legal guardian should complete the following:

I hereby certify that the above-mentioned participant is in good health and fully able to participate in all the activities of the GSSS. I agree that GSSS and its Directors and Trainers will not be held responsible for any accident or loss to the participant however caused and hereby release GSSS from all claims or damages which may arise from any accident or loss. I hereby grant to GSSS the right to use and publish photographs taken during the camp, clinic, or other training session of the above-mentioned Participant for editorial, advertising and web use. I consent to have the administrators of GSSS act on my behalf should any emergency arise, and hereby grant permission to said administrators to authorize medical attention recommended by a physician, nurse, or hospital.

Medical Insurance Company _____

Policy Number _____

Special Health Concerns _____

Emergency Contact _____

Relation to Participant _____

Daytime Phone Number _____

Please be advised that all registrations are final once received and we do not refund once application is accepted and check is cashed.

Parent or Guardian's Signature _____ Check # _____ Amount _____

Please mail this application with check made out to GSSS to: GSSS, Box 1672, Merrimack, NH 03054