

2022 TOD SILEGY SOCCER CAMPS PETERBOROUGH ONLY
184 Hancock Road, (ConVal High School), Peterborough, NH 03458

REGISTRATION FORM

June 27-July 1 _____

July 4-8 _____

July 11-15 _____

The Tod Silegy Soccer Camp Will Be Offering 3 *HALF-DAY* Programs Only!

Half day Regular and Beginner program (ages 6-15) \$175.00 9:00 am - Noon



Last Name: _____	First Name: _____	Age _____	Grade _____
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Street Address _____	City _____	State and Zip _____
Mother/Guardian _____	Phone _____	
Email _____		
Father/Guardian _____	Phone _____	
Email _____		

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

1. _____ **Best # to call** _____
2. _____ **Best # to call** _____

List any medical conditions we should know about _____

Please mail Registration form with check payable to Tod Silegy in the amount of \$175.00 to: Tod Silegy, 14 Nelson Street, Keene, NH 03431

Questions? Email to: tsilegy@ne.rr.com

Phone #: 603-352-4434

Walk-ins are welcome if you cannot register on time, but please email me that your son or daughter wants to attend.

PLEASE SEE NEXT PAGE

THE FOLLOWING MUST BE SIGNED AND HANDED IN AT REGISTRATION PLEASE!

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

Signature: _____ Date: _____

The Tod Silegy Soccer Camp is NOT responsible or liable for any disease, virus, or sickness that could possibly be transmitted by anyone attending or working this camp. Any medical costs that may be incurred are the responsibility of the camper's parents or guardians. By signing below, you agree with the above statement. Thank you!

Signature _____ Date: _____



