

**2025 TOD SILEGY SOCCER CAMPS PETERBOROUGH, NH**  
South Meadow School, 108 Hancock Road, Peterborough, NH 03458

**REGISTRATION FORM**

June 30-July 4\_\_\_\_\_ (Camp is open July 4<sup>th</sup>)      July 7-11\_\_\_\_\_      July 14-18 \_\_\_\_\_

**The Tod Silegy Soccer Camp Will Be Offering 3 \*HALF-DAY\* Soccer Camps**

**Half day Regular and Beginner programs    (ages 5-15)    \$175.00    9:00 AM - Noon**

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**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** \_\_\_\_\_

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**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](mailto:tsilegy@ne.rr.com)**

**Phone #: 603-398-5472 or 603-398-3555, if no answer please leave a message.**

**WALK INS are welcome. If you cannot register on time, but please email me that your son or daughter wants to attend before the first day. No problem!**

**PLEASE READ**

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

