2027 TOD SILEGY SOCCER CAMPS PETERBOROUGH, NH

South Meadow School, 108 Hancock Road, Peterborough, NH 03458

REGISTRATION FORM **Please check date or dates**

June 28-July 2_____ July 5-9_____

The Tod Silegy Soccer Camp Will Be Offering 2 *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:

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 #: 603-398-5472 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: _____


TOD SILEGY
SOCCER CAMP