

SPECIALIZED TRAINING
Mail all forms and checks to:
Francis Okaroh
23 Paquin Dr.
Marlborough, MA 01752

Francis Okaroh's Ultimate Soccer Academy
Registration Application Specialized Training Camp- Coaching will focus on all field positions

Open to Ages 8-19

Dates: July 30, 2020 to August 2, 2020

*****Limited to the first 30 Registrants ONLY**

***** Full payments due upon registration- no refunds**

Cost for ALL Specialized Training Sessions \$500

Cost for ALL Specialized Training and Week long camp \$1300

Name: _____ **Current grade :** _____

Email: _____ **Gender:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Information Parent Name(s):

Daytime Phone: _____ **Other Number:** _____

Insurance Information Medical Insurance Carrier: _____

Policy# _____

T Shirt Size

Youth Small _____ Youth Medium _____ Youth Large _____

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Adult Small _____	Adult Medium _____	Adult Large _____
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Ball Size	
Size 4	Size 5

Position(s)			
Defense	Midfield	Forward	Goalie

Medical Information

PARENT'S AUTHORIZATION If my child were to become injured or develop an illness, I authorize the medical staff hired by Francis Okaroh's Ultimate Soccer Academy to evaluate, treat and/or transport my child to the nearest Hospital/Medical Facility and/or a local physician if required. In the event I cannot be reached in an emergency I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. It is understood that Francis Okaroh's Ultimate Soccer Academy and the New Hampton School, or anyone associated with Francis Okaroh's Ultimate Soccer Academy is not responsible for accidents resulting in medical, dental or other expenses.

Parents will be notified if the above situation were to occur.

MEDICATION AUTHORIZATION I do _____ do not _____ give permission to the medical staff hired by the Francis Okaroh's Ultimate Soccer Academy to administer appropriate over the counter medication such as Tylenol, Advil, Pepto-Bismol, etc. to my child while he/she is attending camp.

PRESCRIPTION MEDICATION Please specify any medication that you will be sending with your child. Please send all medications in their appropriate prescription bottles and send only the exact amount that will be required during your child's stay.

Allergies:

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Other Information:

Signature(Required) _____ **Date** _____

I attest that the information on this medical form is true to the best of my knowledge and that I have answered every question, leaving no questions blank.

Updated Physical MUST BE PROVIDED to camp staff.

WAIVER OF LIABILITY

I, _____ (participant) admit that I have voluntarily applied to attend Francis Okaroh's Ultimate Soccer Academy. In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Francis Okaroh's Ultimate Soccer Academy, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees. Parental Consent (Complete if applicant is under 18) I give consent for my child _____ to participate in the above activities, and I execute the above liability release on their behalf. Consent for Treatment I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Francis Okaroh's Ultimate Soccer Academy will provide no medical insurance for such treatment, and that the cost thereof will be at my expense. I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

Date: _____

Parent/Guardian _____ (print name) _____ (Signature)

Player _____ (print name) _____ (Signature)