

# Shalrie Joseph

## SOCCER ACADEMY



Send this form with your credit card information or check • Visit [sjsa21.com](http://sjsa21.com) for more information

Name: \_\_\_\_\_  Male  Female

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Emergency Contact (Different From Above): \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Shirt Size: \_\_\_\_\_

CHECK BOX	DATE	LOCATION	PROGRAM	HOURS	AGES	FEES
<input type="checkbox"/>	July 26 – July 30	Lancaster, MA	Clinic	5pm-8pm	7-14	\$195
<input type="checkbox"/>	August 16 – August 20	Middleboro, MA	Clinic	430pm-730pm	7-14	\$195
<input type="checkbox"/>	August 24 – August 27	Norfolk, MA	Clinic	4pm-7pm	7-14	\$195

\*For the full day camps there is an hour break between 12-1 pm, campers must bring lunch

\*For Half Day Camps circle AM or PM next to the H check box if you will be attending the AM (930am-12pm) or PM (1pm-330pm) session

\*All players must bring a soccer ball, shin guards, cleats, soccer socks/shorts, and drinking water

**\*To register for Bedford (June 29–July 2), Arlington (July 19-23), or Sudbury (Aug 2-6) visit [sjsa21.com](http://sjsa21.com)**

I hereby certify that my son or daughter is in good health and may participate in all academy activities, with no limitations. In case of an emergency, I grant permission for my child to be given emergency treatment at a local hospital. I also understand that primary insurance coverage is my own responsibility. I hereby agree to release, discharge, and hold harmless Shalrie Joseph Soccer Academy and each of their coaches, officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the program or in the course of competition and/or activities held in connection with the Shalrie Joseph Soccer Academy, even though liability may arise out of negligence or carelessness. I agree that you may photograph and/or videotape my child during camp and its sponsored events and that you retain the rights to use these visual images in any manner you wish without compensation to my child. I also acknowledge that Shalrie Joseph due to his soccer commitments (game, travel, and/or practice) may miss numerous sessions. I have read over the program information available on [sjsa21.com](http://sjsa21.com) and understand all policies and procedures. I represent that I am a parent / guardian of the minor named above and I agree that the grant and release contained therein binds me and the minor to all of its terms.

Parent/Guardian Name Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please submit payment in full, limited enrollment for each location so sign up early.

Please attach your **MEDICAL FORMS (available on [sjsa21.com](http://sjsa21.com))**

VISA or Master Card #: \_\_\_\_\_ Expiration (MM/YY): \_\_\_\_/\_\_\_\_ Amount: \$ \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Make checks payable to Shalrie Joseph Soccer Academy

Please mail registration form and payment (credit card or check) to:

**Shalrie Joseph Soccer Academy**

**PO Box 697**

**Dover, MA 02030**

All of our camps comply with regulations of the Massachusetts Department of Public Health and are licensed by the local board of health. Every camper must have a physical prior to participation in any SJSA camp. A copy of the physical (within 24 months of the start date of camp) with immunization record must be sent in with this form.

Phone: (508) 479-7390

Email: [shalriejoseph@gmail.com](mailto:shalriejoseph@gmail.com)

Fax: (508) 203-5178