



Sign up for your MLS CAMP



Sponsored by

Sharon Soccer Association

MLScamps.com

<p>DATES: August 24th – August 28th LOCATION: Gavin's Pond Field</p> <p>PROGRAM: Recreational AGES: K – 2nd Grades TIME: 9am – Noon COST: \$100 (includes ball and shirt)</p> <p>PROGRAM: Recreational AGES: 3rd - 6th Grades TIME: 9am – 3pm COST: \$165 (includes ball and shirt)</p>	<p>PROGRAM: Competitive AGES: High School Camp TIMES: Mon – Wed: 5pm – 8pm COST: \$50 (No ball or shirt for H.S camp)</p>	<ul style="list-style-type: none"> • Campers receive an evaluation & free companion ticket to an MLS game • Shin guards and water bottle required • To house a coach the week of camp call John Reilly at 781-784-7480 • Graduation Ceremony Last day of camp <p>MAIL CHECK/REGISTRATION TO: SSA-PO Box 393. Sharon. MA 02067</p> <p>MAKE CHECKS PAYABLE TO: Sharon Soccer Association</p> <p>FOR MORE INFORMATION: Call John Reilly Tel: (781) 784-7480 or email john.w.reilly@verizon.net</p>
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Registration Form. NOTE: A \$35 fee will be applied to refunds from cancellations. To register siblings, photocopy this registration page. Contact John with info on housing a coach during the week of camp ****Complete and return with payment to your program manager listed above.**

PLAYER INFORMATION:

Name:					Date of Birth:	
Grade as of Sep. 09:		Age:		Sex:		Number of Years Played:
Address:						
City:		State:		Zip:		

PARENT/GUARDIAN AND EMERGENCY CONTACT:

Parent/Guardian Name:						
E-Mail Address:						
Home Ph:		Work Ph:		Cell Ph:		
Add'l Emergency Contact:					Relationship:	
Home Ph:		Work Ph:		Cell Ph:		
Family Doctor:				Doctor's Phone:		

ALLERGIES: (List all known)	Allergen	Reaction	Management
Medication			
Food			
Other			

MEDICATIONS BEING TAKEN: Please list all medications (including over the counter or non prescription drugs) taken routinely. Bring enough meds to last the entire camp. Keep in the original packaging that identifies the prescribing physician (if prescription), and the name of the medication. This person takes NO medications on a routine basis (circle one) Yes No

This person takes medications as follows:	Med 1	Med 2	Dosage	Dosage	Frequency	Frequency	Reason	Reason

GENERAL QUESTIONS: (Circle Yes or No, and explain additional information on separate sheets)

Ever been hospitalized?	Y	N	Ever had surgery?	Y	N	Have frequent headaches?	Y	N
Ever had a head injury?	Y	N	Ever had ear infections?	Y	N	Ever had back problems?	Y	N
Skin problems? (e.g., itching, rash, acne)	Y	N	Have asthma?	Y	N	Had mononucleosis in the last 12 months?	Y	N
Had problems with diarrhea/constipation?	Y	N	Ever had an eating disorder?	Y	N	Ever had emotional difficulties for which professional help was sought?	Y	N

Board of Health requires medical history and immunization records. By checking this box I understand to bring these to the first day of camp.

PROGRAM DETAILS: Check the front of this flyer for the equipment included in your camp fee

Name of Local Sponsoring Organization				
Camp Program Name:		Date:		Time:
2nd Camp Prog. (if applicable)		Date:		Time:

EQUIPMENT: Check one, if applicable

Shirt YS YM YL AS AM AL AXL Ball 3 (5-7 yr) 4 (8-11 yr) 5 (12+)

INTERESTED IN HOUSING A COACH THE WEEK OF CAMP? YES/NO (If yes, someone will get in touch with you shortly)

RELEASE. This release is made to allow my child to participate in MLS Camps and its sponsored events. I recognize that my signature on this release is a condition of your permitting my child to participate. 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 further agree that you may use and license others to use my child's name, voice, likeness, and any biographical facts which may have been provided to you, including advertising and promoting the camp and its sponsored events. I certify that my child is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the soccer to be played at camp. I certify that there are no physical limits to my child's participation in the camp and its sponsored events. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and discharge Major League Soccer Camps, Major League Soccer, L.L.C., and all their affiliated entities from any and all liability, claims, demands, and causes of action for personal injury, property damage, and / or other loss suffered by my child in connection with his / her participation in the camp and its sponsored events. 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 Signature _____

Date: _____