

PROformance Soccer

Send this form with your credit card information or check • Visit PROformancesoccer.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	HOURS	PROGRAM	AGES	FEES
<input type="checkbox"/>	August 8 – August 12	Middleboro, MA	3pm-6pm	Camp	Boys/Girls 7-14	\$185
<input type="checkbox"/>	August 29 – September 1	Medfield, MA	430pm-7pm	Clinic	Boys/Girls 7-15	\$135

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

***To register for Bedford (June 27-July 1) or Arlington (July 18-22) visit PROformancesoccer.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 PROformance Soccer Academy (formerly 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 PROformance 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 PROformancesoccer.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: _____

*MEDICAL FORMS (available on PROformancesoccer.com) must be submitted by June 1st

DISCOUNTS: Sibling - \$10 off per additional sibling(s) Group (6 or more) - \$15 off per group member

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

Cardholder Name: _____
*Please submit payment in full, limited enrollment for each location so sign up early.

Make checks payable to PROformance Soccer Academy
Please mail registration form and payment (credit card or check) to:

PROformance Soccer Academy
PO Box 697
Dover, MA 02030

All of our camp programs 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 PSA camp. A copy of the physical (performed within 24 months of the start date of the camp) with immunization records must be sent at least 2 weeks prior to the start of the camp.

Phone: (508) 479-7390

Email: PROformancesoccer@gmail.com

Fax: (508) 203-5178