

2010 Summer GoalKeeper Day Camps



Registration Form

Player Information:

Age: _____
First Name: _____ Last Name: _____
Street Address: _____ apt: _____
City: _____ State: _____ Zip: _____

Parent/Guardian Information:

First Name: _____ Last Name: _____
Phone: _____
Email: _____

Select T-shirt size (circle) YS YM YL YXL AS AM AL AXL

(select weeks)

___ June 28 – 2 Mine Falls Park, Nashua, NH 03062
___ July 5 – 9 Nashua Rd Field, 33 Nashua Rd, Windham, NH 03087
___ July 12 - 16 Mine Falls Park, Nashua, NH 03062

___ Full Day Camps 9:30a – 3:30p \$179 x _____ weeks = \$ _____
___ Half Day Camps 9:30a – 12:30p \$135 x _____ weeks = \$ _____

Payment Enclosed: \$ _____ (\$50/week deposit required)

Parent or Legal Guardian Must Sign the Following:

I hereby certify that the above player is in good health and fully able to participate in all the activities associated with Achab Soccer Academy. I agree that Achab Soccer Academy and its directors will not be held responsible for any accident or loss to the participant however caused and hereby release Achab Soccer Academy from all claims or damages which may arise from any accident or loss.

Signature of Parent or Legal Guardian Date

Please submit your registration form with your medical release form

~ 24-G Forest Acres Dr ~ Bradford, MA 01835 ~ 978-930-5320~

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