

Varsity Soccer Academy
11 Edgewater Lane
Hampstead NH 03841
HYPERLINK "mailto:kb22@comcast.net"
kb22@comcast.net
(603) 490-4900



2024 Summer Soccer/Fitness Camp Application

Name: _____

Address: _____

Town: _____ Zip Code: _____

Phone: _____ Email: _____

Gender: _____ DOB: _____ Grade as of September 2024: _____

T-Shirt size: Youth _____ Adult: _____ S M L XL

Please indicate which session to attend

_____ **HS Boys: Buckley Field, Gilbert H Hood Middle School (\$135)**
July 22-26, 2024, 9:00 am-12:00 pm

_____ **HS Girls: Pinkerton Academy, Girls Soccer Field (\$135)**
July 22-26, 2024, 9:00 am-12:00 pm

_____ **Middle School boys and Girls (grades 6-8) (\$135)**
July 22-26, 2024, 9:00 am-12:00 pm
Buckley Field, Gilbert H Hood Middle School

_____ **Fitness Camp (grades 9-12) (\$95)**
August 5-9, 2024, 8:30 am-10:30 am
Pinkerton Academy Track (football field)

Non-refundable full payment is due with completed application,
emergency form/COVID-19 waiver

Please note: there will not be any refunds due to weather, injuries or covid-19 issues. If, for any reason, there are circumstances that prevent camp attendance, the camp fee will be applied to next summer's camp

Please send payment and documents to:

Varsity Soccer Academy
11 Edgewater Lane
Hampstead NH 03841

Emergency Information

Please Print

Name: _____ Birth Date: _____ Age _____

Parent/Guardian Name(s) _____

Home Tel #: _____ Cell # : _____

Address: _____

Best Phone Number of Parent during day: _____

In case of emergency, if parents cannot be reached:

Notify (Name): _____ Tel #: _____

Known Allergies _____

The Certified Trainer may apply first aid treatment until the family can be reached:

Yes _____ No _____

We give our consent for the Camp Director, Certified Trainer, and coaches, to use their own judgment in securing medical aid and ambulance service in case parents cannot be reached:

Yes _____ No _____

LIABILITY/COVID WAIVER

The undersigned, being parent or legal guardian of the child requesting admittance does hereby affirm that the applicant is in good health and suffers no illness, disability, or condition that requires the taking of medication on a regular basis unless the condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous activity. The undersigned hereby expressly agrees to be responsible for any medical bills incurred in treatment of any illness or accident. No medical insurance is provided by Varsity Soccer Academy. I understand as a condition of admittance as a camper the undersigned hereby release Varsity Soccer Academy, Kerry Boles, and all other employees all liability due to accident, injury or illness, mental, or physical unless caused by willful act or gross negligence.

These are trying times and we are focused on giving your kids an opportunity to experience the camp atmosphere. The opportunity may come with the risk of COVID-19 exposure. By signing this form, you agree and understand there are specific guidelines in place in order to participate in the camp and understand that even if coaches, trainers, and campers follow these guidelines, Varsity Soccer Academy nor Kerry Boles cannot guarantee that the camper will not contract COVID-19 while participating. Please know that by signing your child up for Varsity Soccer Academy, you acknowledge there will be no refunds if a COVID-19 case arises during the camp session and we are forced to shut down the camp.

Signed: _____ Date _____