

# PROformance Soccer

Send this form with your credit card information or check • Visit [PROformancesoccer.com](http://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	AGES	FEES
<input type="checkbox"/>	August 6 – August 9	Waltham, MA	9am-3pm	Boys Only 8-15	\$230
<input type="checkbox"/>	August 13 – August 16	Middleboro, MA	3pm-6pm	Boys & Girls 7-15	\$165
<input type="checkbox"/>	August 20 – August 23	Medfield, MA	430pm-730pm	Boys & Girls 7-15	\$165

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

**\*To register for Bedford (June 25 to June 28) or Arlington (July 9 to July 12) visit [PROformancesoccer.com](http://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 also hereby agree to release, discharge, and hold harmless the sites and facilities used and their owners and employees of any and all liabilities, damages, claims, or demands whatsoever. I agree that you may photograph and/or videotape my child during the Academy 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](http://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: \_\_\_\_\_

**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**

**Our 2012 summer programs run for only 4 days, and therefore are not required to be licensed by a local board of health is a camp**

Phone: (508) 479-7390

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

Fax: (508) 203-5178