



ELITE UK SOCCER REGISTRATION

PERSONAL

Last Name _____ First Name _____ M.I. _____

Age _____ Date of Birth _____

Address _____ Town _____ State _____ Zip _____

Home Tel _____ Work Tel _____ Email (Parents) _____

Parent / Guardian _____

Emergency Contact _____ Tel _____

Medical Conditions _____

Full Day 9am to 3pm \$150
TOTS 9am to 10.30am

Half Day 9am to 12pm \$110
Specialized 5pm to 8pm \$125

Payment

_____ Amount \$

_____ Check #

I hereby release Elite UK Soccer Training from any and all claims and liability of any kind of personal injury or property damage while participating in Elite UK Soccer Training, LLC training Practices. I clarify that my child is in good health, as I understand sport participation can include physical contact. I agree to inform Elite UK Soccer of any medical or psychological conditions. If attention is required for illness or injury, I give permission to a staff member for such care.

Please tick box if you do not give consent for your child to be photographed or video taped while participating in camp activities and for the resulting images to be used by Elite UK Soccer for promotional purposes.

Signed

Date

Check payable to Elite UK Soccer. Please send to 60 Zephyr Lake Rd, Greenfield, NH 03047