

Player Name: _____
Address: _____
Home # _____
Email: _____
DOB: _____
Current Team(s) _____

Mail Application to:
Upper 90 Soccer Academy
PO Box 1373
Olney, MD 20830

Emergency Contact Name: _____
Phone # _____

Week(s):(circle)

June 19-23 July 17-21 July 10-14

T-shirt size:

YOUTH L XL ADULT S M L XL

Fee: \$230

Non-refundable \$100 deposit due with this application. Balance due June 1st. Team discount of 10% for 10 or more players.

All applications must be received together.

Parent Consent/Health Form

(Must be signed and completed for enrollment)

Please send a list of any allergies or drug sensitivities for which your child may need attention. Please include medical records or statements for any special problems. Within the last year, my child has had a physical examination by a licensed physician. My child is in good health and has my permission to participate in all activities of Upper 90 Soccer Academy. I hereby give Upper 90 Soccer Academy permission to render such medical and hospital care as, in their judgment may seem advisable for my child in the event of injury, illness, or accident. I grant these same persons permission to obtain specialists and I agree to bear full cost of such procedures. I also grant Upper 90 Soccer Academy permission to use my child's name, picture, or likeness in promotion of the academy in printed media or other form of advertisement. I fully renounce any and all claims upon Upper 90 Soccer Academy for reimbursement for use of this material.

Signature of parent or guardian: _____

Name of Physician: _____

Address: _____

Phone: _____

Insurance Group and Number: _____