

**Achab Soccer Academy
Registration Form
2019 Summer Camps**

Player Information:

Age: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: ____ Zip: _____

Parent/Guardian Information:

First Name: _____ Last Name: _____

Phone: _____

Email: _____

Camp # 1 (Cashman Park) 2 (Mines Falls Park)

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 I 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, medical release form & payment to:

Achab Soccer Academy
5 Margerie Street
Newburyport, MA 01950