MILFORD RECREATION DEPARTMENT

1 Union Square ~ Milford, NH 03055 Phone (603) 672-1067 ~ Fax (603) 673-2273

2006 PLAY SOCCER CAMPS

WHO: Youth ages 4-12 years (see levels below) WHERE: Adams Field, Osgood Road, Milford, NH

WHEN: Monday - Friday, August 21-25

> World Cup . . . Ages 7-12 yrs. 9:00 am - 12:00 noon **Soccer Tots** . . . Ages 4-6 yrs. 1:00 pm – 2:30 pm

COST: World Cup -\$98 Residents; \$108 Non-residents Soccer Tots - \$68 Residents; \$78 Non-residents

** \$6 Sibling Discount for every sibling after the first.



DEADLINE to register is **Friday**, **August 11th**. Complete and return the Registration Form, with the PARENT or GUARDIAN SIGNATURE. Payment must accompany registration. Checks are made payable to "Milford Recreation Dept." Returned Check fee is \$25. No refunds after registration deadline.

PROGRAM DESCRIPTION:

- Features PLAY SOCCER's highly experienced International coaching staff.
- FREE T-Shirt and Water Bottle!!
- Designed to help boys and girls improve their soccer skills and knowledge in a safe, fun and educational environment.
- Learn the latest techniques of the game. Refine skills to improve your level of play. Strengthen team concepts and strategies.
- See the Play Soccer Registration Form for DISCOUNTS AND HOST-A-COACH or go to www.playsoccercamps.com
- Camp Checklist: Clothing suitable to weather, soccer ball, soccer cleats and/or flats, shin guards, personal water bottle, snack and sunscreen/bug spray.

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Name	Age	_Date of Birth	_Grade in Fall	School
Address, Town, Zip		Home p	hone	
Parent Name	Parent Work Phon	e	_Family E-mail	
Emergency Contact Name		_Address		Phone
Who Will Drop Off & Pick Up	Your Child (Name & Telephone):			
Check One Camp:	World Cup (Ages 7-12)	Soccer Tots (Ages 4-6)	

I HEREBY GIVE MY PERMISSION for my son/daughter to participate in the Milford Parks & Recreation Dept. program. I am aware of the hazards of the activity/sport and the risk of injury in these athletic and active programs. I assume all risks and hazards incidental to such participation, including transportation to and from activities, and I do hereby waive, release indemnify, and agree to hold harmless the said Town of Milford, its volunteers, staff and all sponsors for all liability for any and all loss or damage, and any claim arising out of injury to my son/daughter or property damage that might occur, whether caused by negligence of the Town, agents or employees, or during participation.

IN CASE OF EMERGENCY, I hereby give my permission to the program staff and medical personnel selected by the Recreation Dept and staff, in my absence, to act as my agent to apply simple first aid when necessary, or in the event of a more serious accident, for my child to be transported to an emergency medical facility to receive emergency medical treatment. I also authorize the medical personnel to administer such treatment as is medically necessary and I authorize the hospital to undertake examination and emergency treatment, if warranted, on behalf of my child. IN THE EVENT OF AN EMERGENCY, EVERY EFFORT WILL BE MADE TO CONTACT PARENT/GUARDIAN.

Family Insurance Yes	No	Company Name & Policy	

PLEASE LIST ALL MEDICAL CONCERNS or instructions behavior concerns, etc.)	the staff should know regarding your child's	health on the back of this sheet (medications, allergies,
Parent/Guardian's Signature		For Office Use Only
	Date	Amount \$ Cash ⇔ Check ⇔