



HYA/SUSC CAMP REGISTRATION FORM



Name _____ Age _____

Address _____

Town _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

**E-Mail _____

**Email address is required.

August 17th-21st, 2009

K and 1st: 9am-10:30am

1st through 8th grade: 9am-12noon

Age groups broken accordingly. 1st grade players have the option of either session. First time players are recommended for the 1.5 hour session.

Camp will be held at the Seacoast United Indoor Arena in Hampton, NH.

PLEASE READ AND SIGN WAIVER

I as representative of my children, to induce Seacoast United Soccer Club, Hampton Youth Association (HYA) and SUSC Summer Camps, do hereby release, indemnify and hold harmless the Seacoast United Soccer Club, HYA, officials, sponsors, coaches, referees and/or representatives from any claim arising from injury to a named participant of this camp or program and hereby certified that each player registered is covered by an approved medical insurance plan as required for youth sports.

SUSC does not send or call with confirmations. Consider your child enrolled in the program(s) of your choice when you send in a completed registration form AND payment. SUSC will notify you if the class has been filled, canceled, or changed. SUSC reserves the right to cancel or consolidate any program that does not meet minimum registration numbers.

All participants should bring with them appropriate clothing, water and small snack.

In the event of an emergency or serious injury we should contact:

(1) Name & Relation: _____ Contact Phone #: _____

(2) Name & Relation: _____ Contact Phone #: _____

(3) Please identify any medical concerns we should be aware of below:

Parent / Guardian Name: _____ (please print)

Parent / Guardian Signature: _____

Make checks payable to SUSC and return to PO BOX 779 Hampton, NH 03843 ATTN: HYA CAMP

For any questions please email Ian Burgess at iburgess@seacoastunited.org or call him at 603-926-8444 ext 200.