



## JAG SOCCER CAMP

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Welcomes all prospective Windham High School Soccer players July 31-August 3, 2017 At Windham High School Boys 9:00 am-12:00 pm Girls 5:00 pm-8:00 pm Cost: \$120

For more information contact: Coach Hachey: <a href="mailto:mhachey@windhamsd.org">mhachey@windhamsd.org</a>

Coach Bryant: mbryant@windhamsd.org

HAVE FUN!
WORK ON YOUR GAME!
GET READY FOR THE FALL!





## **Jag Camp - Player Information**

Name:		
Address:		
Date of birth:	Incoming Grade:	Gender:
Home Phone #:	Cell Phone #:	
T-shirt size:	Email	

Please complete the emergency information form on the reverse side and return with payment to:

Michael Hachey 3 Wildwood Rd. Windham, NH 03087

Please make checks payable to Varsity Soccer Academy.





## **Emergency Information**

Name:	Birth Date:	Age	_
Parent / Guardian Name(s)			
Home Tel #:	Cell # :		-
Address:			
Phone Number of Parent durin	ng day: Father		
	Mother		
In case of emergency, if parent	ts cannot be reached	l:	
Notify (Name) :	Tel #:		_
Family Doctor:	Tel #:		_
Preferred Hospital:			_
Known Allergies			
The Certified Trainer may app	oly first aid treatmen Yes No _		y doctor can be reached:
We give our consent for the Di judgment in securing medical reached:			
	Yes No _		
Date Parent /	Guardian Signature:	·	
Please provide the following	g information:		
Players Name:			-
Name of Insurance Company:			
Policy Number			_
Policy Expiration Date:			
Signature of Parent / Guardiar	າ		