



Where Soccer is Futbol

Granite State Soccer School

by Sean Wisbey

2020 Summer Camps

Registration/Medical Release Form

Check Camp(s) you're signing up for.

**For private lessons contact Sean at
603-233-7706 or swisbey17@gmail.com**

PRIVATE LESSONS WITH SEAN

If your looking to seriously improve your soccer skills and knowledge of the game then sign up for our private lessons.

Each class focuses on all core skills required to be a successful soccer player. Rates are \$50/75 minutes.

Email Sean directly to set up an intro session.

☐ Pepperell Youth Soccer Camp

Aug 3-7 9am-3pm

(5 Day)

Half Day \$110.00 • Full Day \$185.00

Coed Ages 7-16

☐ Hampshire Dome Youth Soccer Camp

Aug 10-13 8:30am-11:30am

(4 Day)

Cost \$110.00

Coed Ages 10-17

☐ Groton Dunstable Youth Soccer Camp

August 17-20 8:30am-11:30am

(4 Day)

Cost \$110.00

Ages 7-14

☐ GD Boys & Girls Prep Camp

Aug 18, 19, 20 4:30pm-7pm

(3 Day)

Cost \$95.00

2020 REGISTRATION & MEDICAL RELEASE FORM (Required)

Please fill in this form completely.

Players Name: _____

Birthdate: _____

Phone: _____

Address: _____

City: _____ Zip: _____

Email: _____

Seizure Disorder: _____

Asthma: _____

Allergies: _____

Orthopedic Injuries or Disorder: _____

Drug Sensitivity or Allergy: _____

Chronic Medical Problems: _____

Name of personal physician: _____

Phone: _____

A parent or legal guardian should complete the following:

I hereby certify that the above-mentioned participant is in good health and fully able to participate in all the activities of the GSSS. I agree that GSSS and its Directors and Trainers will not be held responsible for any accident or loss to the participant however caused and hereby release GSSS from all claims or damages which may arise from any accident or loss. I hereby grant to GSSS the right to use and publish photographs taken during the camp, clinic, or other training session of the above-mentioned Participant for editorial, advertising and web use. I consent to have the administrators of GSSS act on my behalf should any emergency arise, and hereby grant permission to said administrators to authorize medical attention recommended by a physician, nurse, or hospital.

Medical Insurance Company _____

Policy Number _____

Special Health Concerns: _____

Emergency Contact _____

Relation to Participant _____

Daytime Phone Number _____

Please be advised that all registrations are final once received and we do not refund once application is accepted and check is cashed.

Parent or Guardian's Signature _____ Check # _____ Amount _____

Please mail this application with check made out to GSSS to: GSSS, Box 991, Hollis, NH 03049

Questions: If you have any questions please call, 603.233.7706 or e-mail: swisbey17@gmail.com