

# Massachusetts Soccer Academy Application 2011 Spring & Summer Schedules

Please complete the application, print, and mail to the address below.

Be sure to fill in all applicable fields. This form is formatted to be completed prior to printing.

March Mini-Clinic <input type="checkbox"/>	March 19 - 20, 2011	\$225.00
June Mini-Clinic <input type="checkbox"/>	June 17 - 18, 2011	\$225.00
H.S. Residential Camps <input type="checkbox"/> <i>Commuter Option</i> <input type="checkbox"/>	July 17 - 20, 2011	\$475.00 \$395.00 ( <i>commuter option</i> )
August Mini-Clinic <input type="checkbox"/>	August 8 - 9, 2011	\$225.00

<b>Name:</b>
<b>Address:</b>
<b>City:</b>
<b>State &amp; Zip:</b>
<b>Phone #1:</b>
<b>Phone #2:</b>
<b>Phone #3:</b>
<b>Cell Phone:</b>
<b>Email:</b>
<b>D.O.B. &amp; Age:</b>
<b>School:</b>
<b>Club Team:</b>
<b>Graduation Year:</b>
<b>Preferred position:</b>
<b>Roommate request:</b>
<b>Shirt Size:</b>

**Release:** I hereby certify that my child is in good physical health and may participate in all academy activities. I will not hold the University or soccer academy personnel responsible in the event of an accident or injury as a result of his/her participation. I also give permission for my child to be given emergency treatment at a local hospital.

A confirmation email will follow with more details once the deposit is received. Please include a deposit of \$50 per player / per academy.

**MAIL APPLICATION & CHECK PAYABLE TO:**  
**Massachusetts Soccer Academy**  
**Boyden Bldg. Men's Soccer, UMass, 131 Commonwealth Ave., Amherst, MA 01003**