

**2010 Revolution Academy  
Application and Release Form**

Participant(s) Name(s): \_\_\_\_\_ Age & Grade at Academy Time: \_\_\_\_\_  
Soc. Sec.#: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**Player Development Program (9am-12pm, or 5pm-8pm) (\$185)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Cranston, RI ( 4/19-4/22, 4.30-7.30pm ) | <input type="checkbox"/> Foxboro, MA ( 4/20-4/23, 9-12pm )      | <input type="checkbox"/> Hampden, ME ( 6/21-6/24, 9-12pm )      |
| <input type="checkbox"/> Londonderry, NH ( 6/27-6/30 5-8pm )     | <input type="checkbox"/> Waterville, ME ( 6/21-6/24, 5-8pm )    |   |
| <input type="checkbox"/> Sandwich, MA ( 7/5-7/8, 9-12pm )        | <input type="checkbox"/> Westwood, MA ( 7/5-7/8, 5-8pm )        |   |
| <input type="checkbox"/> W Bridgewater, MA ( 7/12-7/15, 9-12pm ) | <input type="checkbox"/> Newburyport MA (7/12-7/15, 9-12pm )    | <input type="checkbox"/> Beverly, MA (7/12-7/15, 5-8pm )        |
| <input type="checkbox"/> Norwell, MA (7/19-7/22, 9-12pm )        | <input type="checkbox"/> Cranston, RI ( 7/19-7/22, 5-8pm )      | <input type="checkbox"/> Northboro, MA (7/26-7/29, 9-12pm )     |
| <input type="checkbox"/> Acushnet, MA (7/26-7/29, 5-8)           |   |   |
| <input type="checkbox"/> Foxboro, MA ( 8/2-8/5, 9-12pm )         | <input type="checkbox"/> Swansea/Somerset, MA (8/2-8/5, 5-8pm ) | <input type="checkbox"/> Newbury, MA (8/2-8/5, 5-8pm )          |
| <input type="checkbox"/> Westford, MA (8/9-8/12, 9-12pm )        | <input type="checkbox"/> Andover, MA (8/9-8/12, 5-8pm )         | <input type="checkbox"/> N.Smithfield, RI ( 8/16-8/19, 9-12pm ) |
| <input type="checkbox"/> Hopkinton, MA ( 8/16-8/19, 5-8pm )      |   |   |

**Goal Keeping program (9am-12pm, or 5pm-8pm) (\$185)**

- Cranston, RI ( 7/20-7/23, 5-8pm )  Foxboro, MA ( 8/24-8/27, 9-12pm )

- *Player Development Program* is for children from ages 7-16.
- *Goal Keeping Program* is for children from ages 10-16.

**Please Circle Shirt Size:**      **Youth:**    M      L      **Adult:**    S      M      L

\*\*\*All information on each specific Academy will be sent out 3 days prior.

\*\*\*Please double check your email address since this is our main source of communication.

**Participant's Medical Information**

Please attach pediatrician's medical forms (including medical history, evidence of physical within last 24 months; age and grade appropriate vaccinations; verification that child is fit to participate in sports)

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Primary Care Provider: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_  
Child's Allergies/Medical Conditions: \_\_\_\_\_

Authorization to administer medication at Revolution Academy:  
I hereby authorize the Revolution Academy to administer to my child the following medications:

Please deliver prescription medicine in original bottle to on-site health supervisor at check-in.  
I hereby allow my child to self-administer the following medications: \_\_\_\_\_

- In the event of illness or injury, I grant the Revolution Academy the right to take appropriate action for my child's health and safety and to obtain any necessary medical assistance. I will be fully responsible for all medical expenses incurred by my child while attending the program.
- I certify that my child is in good health and is able to participate in physical activities, including soccer.
- I, the undersigned for ourselves, our heirs, executors and administrators waive, release, and forever discharge the Revolution Academy, New England Revolution, NPS, LLC, Kraft Soccer LLC and their affiliates, staff and assigns of and from all rights and claims for damages, injury or loss to person or property which may be sustained during participation in camp activities or while at camp.
- I understand that lost equipment and personal belongings are not the responsibility of the Revolution Academy.
- I give permission for the Revolution Academy and New England Revolution to use my child's image in future advertising and promotional materials.

I have read and freely signed this agreement, which shall take effect as a sealed instrument.

Parent/Guardian Signature: \_\_\_\_\_ - Date: \_\_\_\_\_

**Please send check payable to the New England Revolution to:**

2010 Revolution Academy  
c/o Mike Riley  
One Patriot Place  
Foxborough, MA 02035-1388

**Or pay by (circle one):**                      Mastercard                      Visa                      AMEX  
Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Cardholder Name \_\_\_\_\_  
Cardholder Signature: \_\_\_\_\_

**Please Note:** Certain restrictions apply to the Academy enrollment. Be sure to read the full description of each to see which is the right Academy program for you.

REFUND POLICY:

**For more information or to register on-line log  
onto [www.revolutionsoccer.net](http://www.revolutionsoccer.net).**

50% reimbursement of the balance if cancelled up to 7 days prior to the Academy program.  
OFFICE USE ONLY: Deposit \_\_\_\_\_ Balance \_\_\_\_\_ Paid in full \_\_\_\_\_

**For more information or to register on-line log  
onto [www.revolutionsoccer.net](http://www.revolutionsoccer.net).**