



NEW HAMPSHIRE SOCCER ASSOCIATION OLYMPIC DEVELOPMENT PROGRAM REGISTRATION FORM



Registration Fee \$25.00
Please make checks payable to NHSA ODP

Tryout # _____

Check # _____ Amount _____ Date ____ / ____ / ____

Date of Birth ____ / ____ / ____ M/F _____

Last _____ First _____ Middle _____

Address _____ City _____ Zip _____

Fathers Name _____ Phone ____ - _____

Mothers Name _____ Phone ____ - _____

E-Mail Parent _____ E-Mail Child _____

Club Soccer Team _____ Coach _____

School Soccer Team _____ Coach _____

Prior ODP Experience _____

Uniform Shirt Size _____ Short Size _____ Jacket Size _____

School _____ Year of Graduation _____ GPA _____

Person to Notify In Case of Emergency _____ Phone _____

Doctor to Notify In Case Of Emergency _____ Phone _____

Medical Plan _____ Plan # _____

Consent for Medical Treatment

As a parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature _____ Date ____ / ____ / ____