

This Summer's Most Exciting Soccer Camp!

PLAYER AND PARENT INFORMATION

Player Name: _____ DOB: _____ M ___ F ___
 Additional Player: _____ DOB _____ M ___ F ___
 Parent/Guardian: _____ Email: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Alternate Phone: _____
 Emergency Contact: _____ Relationship to Player(s): _____
 Phone: _____

CAMP DETAILS

Name of Hosting Organization: _____ Camp Code: _____
 Date of Camp: _____ Session Time: _____ Session Price: _____\$ _____

CAMP ACCESSORIES

Camp Shirt Size: YM ___ YL ___ AS ___ AM ___ AL ___ XL ___ _____ FREE
 Soccer Ball(\$15 if not included) : #3(4-7 yrs) ___ #4(8-11 yrs) ___ #5(15yrs+) ___ \$ _____
 Shinguards (\$10): XXS ___ XS ___ S ___ M ___ \$ _____
 Waterbottle (\$5): _____ \$ _____
 Clinic (\$25): Goal Keeper ___ Striker ___ \$ _____
 * Family Discount (Deduct \$5 from each additional sibling from total)
TOTAL AMOUNT ENCLOSED (Make check payable to AYSO Soccer Camps) \$ _____

CC Type: _____ CC #: _____ Exp: _____

HOSTING AN AYSO COACH (Optional) May not be available at all camps. Check with local coordinator

- I am interested in hosting a coach and receiving a Free week-long scholarship.
 I am interested in volunteering as an adult "mentor" for one or more day during camp.

Refund Policy: In 14 days prior to camp, full refund less \$25.00 processing fee. No refund within 14 days prior

to start of camp. The undersigned parent/legal guardian of the above- named player, a minor(player), on behalf of myself. Player and our heirs, assigns and next of kin, hereby agree as follows: **EMERGENCY AUTHORIZATION:** I hereby authorize each of the coaches, team parents, AYSO camp staff, and/or other officials of AYSO to act as my agents. In the capacity of activity supervisors and vehicle drivers, and I authorize each of them as well as the above identified emergency contact to consent to medical, surgical or dental examination and/or treatment. **DISCLAIMER, ASSUMPTION OR RISK AND WAIVER:** I acknowledge that in participation in soccer necessarily involves travel, play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscled, ligaments, or tendons, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis, and death. I willingly and voluntarily accept and assume all such risk. I willingly and voluntarily agree to comply with the stated and customary terms and conditions, and if player or I observe any concern in players readiness for participation and or in the program itself, I will remove him/her from participation and bring such concerto the attention of the nearest official immediately and allays so of the regional commissioners possible thereafter. In consideration od accepting the registration and permitting the voluntary participation of player in AYSO Soccer Camps and AYSO Programs. I hereby release, discharge and agree to hold harmless to the fullest extent permitted by law AYSO, and UK International, their players, employees, volunteers, officials, sponsors and other representatives as well as any and all owners, leasers, leases or any other entities allowing. permitting or authorising the use of facilities by AYSO, UK International. I further acknowledge that AYSO is primarily administered by volunteers rather than paid professionals. I further acknowledge and accept that this disclaimer, Assumption of Risk and waiver is intended to be as broad and inclusive as permitted by the law of the state. **ACKNOWLEDGE AND CONSENT:** I understand the terms of the Soccer Accident Insurance Plan and set forth in a pamphlet available from the Safety Director of my region or online at <http://soccer.org/Adminmanagement/legalprivacypolicy.htm> as the same may be amended from time to time. I consent to such uses and hereby waive all rights to compensation. I HAVE READ THE ABOVE **EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK WAIVER, AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHT BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF PLAYER AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITH OUT INDUCEMENT.**

Parent Signature: _____ Date: _____

Register Online at WWW.AYSOSOCERCAMPS.ORG
Or Mail To AYSO Soccer Camps - PO Box 1838, Redlands, CA 92373