

Summer 1v1 Skills Camp

Registration & Waiver

July 8th, 9th and 10th, 2008

Please complete and submit the following with the camp fee.

Camper _____ B/G _____ Age _____

Parent _____ Address _____

City/State/Zip _____

Cell Phone _____ Home Phone _____

Emergency Contact _____ Emergency Contact # _____

List Any Medical Conditions _____

Circle One

Session I
U8-U10 - 9pm-11:30pm

Session II
U11-U14 -12:30pm-3pm

Here's how to Register!

Register by Mail: Make Checks payable to South Bay Force
PO Box 32521, Long Beach, CA 90832

For Camp info. Contact:

Javier Torres at: 310.753.9504 or Forza@Pacbell.Net

Liability Release: I, the parent or guardian of the named youth soccer player, give my consent for emergency medical care should the need arise. Recognizing the possibility of physical injury associated with soccer, I hereby release, discharge and/or otherwise indemnify the South Bay Force Soccer Club it's camp organizers, including their coaches , trainers and administrators against any claim by or on behalf of the player as a result of the players participation with this training academy or camp.

Parent Signature _____ Date _____