

INDOOR SESSION 1: DEC 26-28 (MON-WED)

INDOOR SESSION 2: JAN 2-6 (MON-FRI)



AGES 5-6: 10AM-11:30AM (\$105)

AGES 7-11: 12PM-2PM (\$175)

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AGES 7-11: 12PM-2PM (\$225)



Camper Name _____ Gender: M F Age _____ D.O.B. ___/___/___
 Parent Name _____ Grade Completed _____ Amount Enclosed _____
 Mailing Address _____ City _____ Zip Code _____
 Work Phone _____ Home Phone _____ Cell Phone _____
 Emergency Contact _____ Phone _____ Relation To Camper _____
 Doctor's Name _____ Phone _____
 Email Address _____ Email Updates: _____ Where Did You Hear About Us? _____

I HEREBY AUTHORIZE THE STAFF OF SANTA CRUZ SOCCER CAMP PROGRAM TO ACT FOR ME ACCORDING TO THEIR BEST JUDGEMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION AND I HEREBY WAIVE AND RELEASE THE CAMP FROM ANY AND ALL LIABILITY FOR ANY INJURIES OR ILLNESSES INCURRED WHILE AT CAMP. I HAVE NO KNOWLEDGE OF ANY PHYSICAL IMPAIRMENT THAT WOULD BE AFFECTED BY THE ABOVE NAMED CAMPERS PARTICIPATION IN THE CAMP PROGRAM, AS OUTLINED IN THE BROCHURE. I ALSO UNDERSTAND THAT SANTA CRUZ SOCCER CAMP RETAINS THE RIGHT TO USE FOR PUBLICITY AND ADVERTISING PURPOSES PHOTOGRAPHS TAKEN AT CAMP. CAMP DIRECTORS RESERVE THE RIGHT TO DISMISS ANY CAMPER FROM ANY SESSION WITHOUT REFUND FOR MISCONDUCT OR ANTI-SOCIAL BEHAVIOR.

YO AUTORIZO EL PERSONAL DEL CAMPAMENTO DE FUTBOL DE SANTA CRUZ A ACTUAR PARA MI SEGUN SU MEJOR JUICIO EN CUALQUIER EMERGENCIA QUE REQUIERE ATENCION MEDICA. YO RENUNCIO Y LIBERO EL CAMPO DE RESPONSABILIDAD DE CUALQUIER ACCIDENTES O HERIDAS MIENTRAS EN EL CAMPO. NO TENGO CONOCIMIENTO DO UN DETERIORO FISICE QUE SERIA AFFECTADO POR LA PARTICIPACION DE EL JUGADOR (ES) NOBRADO (S) ARRIBA. YO TAMBIEN COMPRENDO QUE EL CAMPO RETIENE EL DRECHO DE USAR FOTOGRAFIAS DE LAS ACTIVIDADES DE CAMPO PARA LA PUBLICIDAD. LOS DIRECTORES DE CAMPO RESERVAN EL DERECHO DE DESPEDIR CUALQUIER ACAMPADOR SIN REEMBOLSO PARA COMPORTAMIENTO IMPROPIO.

PARENT/GUARDIAN SIGNATURE _____ DATE _____
FOR OFFICE USE ONLY: DATE RECEIVED _____ DATE CONFIRMED _____

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