

Santa Cruz Soccer Camp Registration Form 2012

***Spanish Immersion Camp**
\$210
 (No Early Bird Discount)
 7/16 – 7/20
 7/23 – 7/27

Questions? Call
831-246-1517
 Or Email
SantaCruzSoccerCamp@gmail.com

- | | | |
|---|--|--|
| <input type="checkbox"/> C1 6/11 - 6/15 | <input type="checkbox"/> C5 7/16 - 7/20* | <input type="checkbox"/> C9 8/13 - 8/17 |
| <input type="checkbox"/> C2 6/18 - 6/22 | <input type="checkbox"/> C6 7/23 - 7/27* | <input type="checkbox"/> C10 8/20 - 8/24 |
| <input type="checkbox"/> C3 6/25 - 6/29 | <input type="checkbox"/> C7 7/30 - 8/3 | <input type="checkbox"/> C11 8/27 - 8/28 |
| <input type="checkbox"/> C4 7/9 - 7/13 | <input type="checkbox"/> C8 8/6 - 8/10 | |

Frequent Camper Discount: Register for 2 Camps get 50% off the 3rd!

Ready for Leadership development?
Check here: _____

Attach check or money order payable to:
Santa Cruz Soccer, Inc. and mail with completed and signed registration form to:

**Santa Cruz Soccer, Inc.,
 P.O. Box 2784,
 Santa Cruz, CA, 95063**

You will receive a confirmation call when form is processed.

Walk-ins are also welcome!
 Come in Monday at 8:45am

Camper Name _____	
Gender M F	Age ____ D.O.B ____/____/____ Grade Completed ____ Amount Enclosed ____
Parent Name _____	
Mailing Address _____	
City _____	Zip Code _____ Cell Phone _____
Home Phone _____	Work Phone _____
Email _____	
Would like to receive our E-mail Newsletter Y <input type="checkbox"/> N <input type="checkbox"/>	
Emergency Contact _____	
Phone _____	Relation to Camper _____
Doctor's Name _____ Phone _____	
Are there any health issues we need to be aware of? _____	
Where did you hear about us? _____ Promo Code _____	

I hereby authorize the staff of Santa Cruz Soccer, Inc. program to act for me according to their best judgment 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 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 campers from any session without refund for misconduct or anti-social behavior.

Yo autorizo el personal del Santa Cruz Soccer, Inc. a actuar para mi según su mejor juicio en cualquier emergencia que requiere atención medica. Yo renuncio y libero el campo de responsabilidad de cualquier accidentes o heridas mientras en el campo. No tengo conocimiento de un deterioro física que seria afectado por la participacion de el jugador(es) no brado(s) arriba. Yo también comprendo que el campo retiene el derecho de usar fotografías de las actividades de campo para la publicidad. Los directores de campo reservan el derecho de despedir cualquier a campador sin reembolso para

Parent/Guardian Signature _____

For office use only: Date Received _____ Date Confirmed _____