



GALAXY ALLIANCE SOCCER CLUB

# GALAXY ALLIANCE SUMMER CAMP Registration & Release Form

**Camp Dates: August 8 - August 11, 2011, 9am - 12pm**

Camp will be held at the **Annenberg Community Beach House**  
415 Pacific Coast Highway, Santa Monica, CA 90402. Tel: 310-458-4904.  
<http://www.annenbergbeachhouse.com/activities/beach-sports.aspx>

Team Name (or guest of) \_\_\_\_\_

Player Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

## Cost & Enrollment

Early Bird Registration: Registration fees are **\$125** per player if paid before **July 1st, 2011**.  
After July 1, 2011, registration fees are **\$150** per player.  
Make checks payable to the **Galaxy Alliance Soccer Club**.  
Each registered player will receive **one free Galaxy Alliance T-Shirt** at start of camp.  
Return this completed form (2 pages) and your check to your **team manager**.

## Emergency Authorization

I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistants and those acting in the capacity of supervisors and/or vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital or any emergency facility or by any doctor.

If there is an emergency and I cannot be reached, please contact:

Emergency Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_

Med. Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state condition \_\_\_\_\_



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Waiver of Liability and Disclaimer:

I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involves risk and injury. I further acknowledge that programs of the soccer league and Galaxy Alliance Soccer Club are primarily administered by parents who volunteer their time. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless, CYSA, the Galaxy Alliance Soccer Club and its employees, volunteers and other representatives, from any claims arising out of or relating to any physical injury that may result to said individual while participating in the events of the camp, including any physical injury caused by the negligence of any official, referee or coach while performing his/her duties during practice, training, camp or games.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian