



GALAXY ALLIANCE SOCCER CLUB

## GALAXY ALLIANCE SUMMER CAMP

### Camp Information

**Camp Dates:** Monday, August 8 – Thursday, August 11, 2011

**Hours/Schedule:** 9:00am – 2:00pm

9:00am -12:00pm Soccer Training Activities  
12:00-12:30pm Lunch Break  
12:30-2:00pm Beach Soccer Scrimmages & Games, Swimming (in pool), etc.

The morning session is mandatory for all GASC players. The afternoon session is less structured and optional. If desired, early pick-up of players is possible between 12pm and 12:30pm. Last pick-up time is 2:15pm. There is no extended stay option.

**Camp Cost:** **\$175** per player if paid **before July 8, 2011** (Early Registration)  
**\$200** per player if paid **on or after July 8, 2011**

Please make checks payable to “**Galaxy Alliance Soccer Club**” and write “2011 Galaxy Camp Fees - [player name]” in the memo area. Complete enrollment form on page 2, or **online registration** is available at <http://www.galaxyalliance.org/soccer-camps.cfm>

**Open To:** All GASC players and selected guest players.  
Coach should be notified before guest player is invited to attend.

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

**Parking / Dropoff:** A special player drop-off and pick-up entrance is located at the northern end of the Annenberg property. Parking is available in the lot at the southern end of the property at the regular beach rate (no validations or parking passes will be provided).

**What to Wear:** Players should wear their white Galaxy Alliance T-shirts.  
Apply sunscreen before arrival.

**What to Bring:** **No lunch will be provided.** Players should bring a sack lunch, water (in refillable bottle), soccer ball, swimsuit and towel.

For questions, please contact Valerie Shore at [valshore@verizon.net](mailto:valshore@verizon.net) / (310) 346-6044, or Tim Pierce at [titopierce@hotmail.com](mailto:titopierce@hotmail.com) / (310) 617-4014.



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## GALAXY ALLIANCE SUMMER CAMP Player Registration

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

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

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

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

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

### 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 I cannot be reached, please contact:

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

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

If this player has any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition, please state condition: \_\_\_\_\_

### 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

**Return this completed form and check to the Galaxy Camp Organizer:  
Valerie Shore, 1319 Woodruff Ave., Los Angeles, CA 90024**

**Online registration is available at <http://www.galaxyalliance.org/soccer-camps.cfm>**