

Galaxy Alliance Summer Camp

August 10, 2009 - August 14, 2009 9am - 2pm

Registration & Release

Team Name _____

Player Last Name _____ First Name _____

Date of Birth _____ Height _____ Weight _____ Sex _____

Address _____ City _____ Zip _____

Email address _____

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 problem _____

Cost & Enrollment

Early Bird Sign Up - **Discounted Fee is \$250** if all fees are paid and received before June 15th, 2009.

Regular Camp Cost is **\$275** for all enrollment received after June 15th, 2009

Return this completed form and your check for \$250. made payable to the Galaxy Alliance Soccer Club to your team manager or mail to GASC Summer Camp 12225 Lawler Street, Los Angeles, California 90066

Camp Location will be posted on our website and sent my email as soon as confirmed. West side park or school.

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:

Person's name _____ Telephone _____

My Medical Insurance Carrier is _____ Policy Number _____

Father/Guardian _____ Phone _____

Employer _____ Work Number _____

Mother/Guardian _____ Telephone _____

Employer _____ Work Number _____

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 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 soccer 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