

Exiles Soccer Club
U8 Jr. Academy Summer Camp - August 2010

Registration Form

Player Information

Name _____

M/F _____ Age _____ DOB _____

Camp Attending: Academy Camp - Aug 23rd, 24th & 25th - Cost \$55 per player - 9am-1pm

Any Medical Conditions _____

Parent/Guardian Information

Parent Name _____ Phone(____) _____ E-Mail _____

Parent Name _____ Phone(____) _____ E-Mail _____

Address _____ City _____ Zip _____

Emergency Contact _____ Phone(____) _____

Assumption of risk - Waiver of Liability - Medical Authorization

I the Parent/Guardian of the player name hereon acknowledge the participation in the sport of soccer, as in any sport may result in injury. The undersigned parent/Guardian therefore releases PVSC Exiles Soccer Club, Its Agents, Officers, Coaches and Players, from all Liability or Responsibility for any claim, damage or legal action on behalf of the player, parents, heirs or personal representatives, arising from any injury the player may sustain while participating in soccer or related activities, including transportation.
As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor or dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

Parent Name _____
(Please Print)

Signature _____ Date _____

Mail form with payment made out to:
PVSC Exiles Soccer Club
75 Malaga Cove Plaza Suite #2
PVE, Ca. 90274

Questions:
Javier - 310.753.9504 - Javiertors@yahoo.com
Vic- 310.738.6778 - vlopi@verizon.net

www.pvsceexiles.org