



Soccer Kids America



Register Online Now!

www.soccerkidsamerica.org

For info call Karleen 619-977-0474 or soccerkidsamerica@yahoo.com

Thanksgiving Break Soccer Camp

Ages 5-12 Years



Dates: November 21-23 (Mon-Wed)

Time: 9:00 am - Noon

Location: Morley Field
2111 Morley Field Drive
San Diego, CA 92104

Cost: \$35 per day register for 1 day or all 3

Futsal Indoor Soccer League

Ages 5-17 years

Dates: Saturdays
Begins January 14

Location: Municipal Gym
In Balboa Park at 2111 Pan
America Plaza
San Diego, CA 92101
(Next to Air & Space Museum)

Cost: \$95 includes team jersey



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Register online at www.soccerkidsamerica.org or mail registration form with payment to: Soccer Kids America 1804 Garnet Avenue #402, San Diego, CA 92109
For more information contact Karleen 619-977-0474 or soccerkidsamerica@yahoo.com

Child's Name: _____ Age: _____ Birth date: _____

Child's Gender: Male Female School Child Attends or Coaches Name: _____

Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact Name & Number (If parent can't be reached): _____

Parent/Guardian Email Address: _____

Select program(s) your child will attend: Thanksgiving Break Camp Futsal Indoor Soccer League

Payment type:

Cash Check/Money Order payable to Soccer Kids America Total Fee\$ _____

I the guardian of the above named player, a minor, and the above named player agree to the following: (1) To abide by the rules of Soccer Kids of America. Recognizing the possibility of injury associated with soccer and in consideration for Soccer Kids of America accepting the registrant for its soccer program and activities, I hereby release, discharge and/or otherwise indemnify Soccer Kids of America, their employees and associated personnel including the owners of fields and facilities utilized for the programs against any claim by or on behalf of the registrant as a result of the registrants participation in the programs. (2) I hereby give my consent for emergency medical care prescribed by a duly licensed doctor. This care may be given under any circumstances which are necessary to preserve the life, limb, or well being of my dependent. (3) To hereby give my consent to Soccer Kids of America to take photographs, video recordings and/or sound recordings of the above named player for Soccer Kids of America educational and promotional purposes in manuals, flyers, on the world wide web or in other publications.

Parent/Guardian Signature: _____

Date: _____