



JESUS RICO-SANZ WINTER SOCCER CLINIC 2015

SPONSORED BY SDA FOUNDATION

REGISTRATION FORM

Please fill out and drop off at SDA Foundation Office or mail completed form to:

SDA Foundation
Attn: WINTER SOCCER CLINIC 2015
PO Box 235109
Encinitas, CA 92023

PLAYER INFORMATION:

Player's First and Last Name: _____ Date of Birth: _____
School attending in Fall 2015: _____ Grade level in Fall 2015: _____
Years of soccer experience: _____
Parent/Guardian Name: _____ Daytime phone: _____
E-mail: (used for camp information only) _____
Emergency Contact: _____
Emergency Contact Phone Number: _____
Relationship to Player: _____

CLINIC INFORMATION:

December 21-23, 2015 (1:00 - 4:00pm)
1:00-1:45 watch the SDA Varsity players in training
1:45-1:55 meet the players
2:00- 4:00 Practice skills
COST: \$80

Form of Payment: Payment must be received before player can participate

- Check - Payable to SDA Foundation
- Cash - Please do not mail cash. Cash payments can be made in the Foundation Office.

All players must show proof of medical insurance.

IMPORTANT NOTE: PER CIF ALL ATHLETIC CAMPS/ OUT OF SEASON FLYERS MUST CONTAIN THE FOLLOWING WORDING
State CIF bylaws require that all information provided in regard to any aspect of student eligibility to participate in high school athletics must be true, correct, accurate and complete. State CIF Bylaws also require that parents, students, coaches and schools must disclose any pre-enrollment contact of any kind whatsoever with parent or student during the 24 months prior to enrollment in the school. Participation in this activity must be disclosed to the CIFSDS office when requesting eligibility to participate in high school athletics beginning in the ninth grade. Participation in this activity may affect student eligibility to participate in high school athletics.

Parent/caregiver signature

Date

Student signature

Date



RELEASE AND WAIVER OF LIABILITY

I understand that my child _____ has enrolled in the _____

Out-of-Season Program (Camp, Clinic, Tournament) that is to take place at San Dieguito Academy.

I understand that there are risks associated with participating in _____ which include the risk of injury to person and/or property, including death.

In consideration of being allowed to participate in the Camp and related events and activities, I the undersigned parent/guardian of the child named above do hereby acknowledge and agree to as follows:

I HEREBY RELEASE, WAIVE, DISCHARGE FOREVER, AND CONVENANT NOT TO SUE the San Dieguito Academy Foundation, its directors, officers, agents, employees, and any and all Camp sponsors, officials, coaches, volunteers, and others involved in the Camp (hereinafter "Releasees") from all liability to the undersigned or such children and all his or her personal representatives, assigns, heirs and next of kin for any loss or damage and any claims or demands therefore on account of any and all injury to person or property, including death, to the undersigned or any such children while the undersigned or such children are attending the Camp or related activities.

THE UNDERSIGNED FURTHER AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage or cost (including attorney's fees) the Releasees may incur as a result of attendees' attendance at the Camp or any related activity thereof.

The UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that is any position thereof is held valid, it is agreed, that the balance shall continue in full force and effect.

The UNDERSIGNED WARRANTS that he/she has no knowledge of any physical impairment that would be affected by the attendee's participation in the Camp.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducements not contained in this waiver have been made.

DATE

SIGNATURE: PARENT/GUARDIAN