



MAKE CHECKS PAYABLE TO: SOCCER ROCKS!

Address: 13223 Black Mountain Rd. #1176
 San Diego, CA 92129
 PHONE: 858-842-7642
 EMAIL: meinspar@mac.com

This registration is for:

- 6 week session
- Summer Camp Session (circle one): 1 2 3

<i>SOCCER ROCKS! REGISTRATION</i>	Please list your email below. It will be used to communicate information about upcoming classes and events	<i>Please complete the entire form</i>
<i>Player's name</i>		
<i>Parent names</i>		
<i>Address</i>		
<i>Phone Numbers</i>		
<i>Email</i>		
<i>Soccer playing experience</i>		
<i>Special needs or concerns:</i>		

Activity Participation Release

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in the *Soccer Rocks!* Program described herein. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities of the program. I will not hold *Soccer Rocks!* liable for any injuries incurred during the program whether caused by equipment or the acts or omission of others including *Soccer Rocks!* personnel. I further agree and specifically intend to waive as to the *Soccer Rocks!* staff, officers and directors thereof any claim known or unknown to me. I do hereby authorize the *Soccer Rocks!* as agent for the undersigned, to consent with respect to the minor any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that *Soccer Rocks!* is not responsible for costs incurred for medical care. If I participate in the program, whether as coach, instructor, aide, spectator, or participant, I presently waive as to *Soccer Rocks!* and staff, officers and directors thereof, any claim presently known or unknown for damage to property or personal injury whether caused by equipment or the acts or omissions of others including *Soccer Rocks!* personnel.

 Parent/Guardian Signature Date