



## REGISTRATION FORM

Please mail completed registration form and a check for \$100 (made out to Land Park Soccer Club) to: Land Park Soccer Camp, c/o Bruce Mattos, 1243 Marian Way, Sacramento, CA 95818

Check one:  Session 1 (June 15-19)  Session 2 (July 20-24)  
*If registering for both sessions, please use a separate registration form for each one*

Player Name \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Age (at time of camp): \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Legal Guardian E-mail: \_\_\_\_\_

### Liability Release

I request that my child be permitted to participate in the identified soccer camp and agree to the following: I understand and agree that my child's participation in this activity may expose him/her to risks of injury or death. The risks include but are not limited to death, injury, serious neck and spinal injuries, paralysis, brain damage, and injury to vital organs, bones, joints, muscles and tendons. I will counsel my child so he/she understands that it is important for his/her safety, and the safety of others, to follow all instructions of the camp coaches and staff. I agree that I am responsible for my child's conduct while he/she is at camp.

In consideration for my child's participation in this activity, on behalf of myself and my child, I release, discharge and hold harmless the Camp, Land Park Soccer Club, Sacramento United Competitive Soccer Club, its officers, coaches, volunteers and agents from all liability, claims, costs and expense arising out of these activities which may result in injury or illness to my child. I also agree to defend and indemnify the Camp, Land Park Soccer Club, Sacramento United Competitive Soccer Club, its officers, coaches, volunteers and agents.

I am the parent/legal guardian of the child. I further agree that the Camp Staff and Land Park Soccer Club are authorized to obtain and authorize emergency medical treatment for my child, up to and including emergency hospitalization and surgery. I agree to be personally responsible for any related medical expenses. On behalf of my child, and myself, I further release the Camp, Land Park Soccer Club, Sacramento United Youth Soccer Club, its officers, coaches, volunteers and any medical provider of emergency treatment to my child for any related liability. A copy of this agreement shall suffice as original.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Name (please print): \_\_\_\_\_