



2019 ATTACK SUMMER SOCCER CAMPS

WHO'S READY FOR SUMMER SOCCER CAMP?

JOIN ATTACK THIS SUMMER AND COME WORK ON IMPROVING YOUR GAME WITH OUR PROFESSIONAL COACHING STAFF. LEARN THE SKILLS THAT WILL GIVE EACH PLAYER THE OPPORTUNITY FOR SUCCESS WHILE HAVING FUN.

Register online at www.rfsoccer.com or by using the form below. Scholarships available.
\$175 for 5 days (or \$40/day)

Select Your Preferred Camp Session: 6/17 - 6/21 Solana Santa Fe 8/19 - 8/23 RSF Sports Field

Player Name _____ DOB _____ Gender: M or F

T-Shirt Size (Circle One) YS YM YL YXL AS AM AL

Emergency Contact _____ Relationship to Player _____

Email _____ Cell Phone _____

MEDICAL RELEASE / CONSENT FOR MEDICAL TREATMENT/REFUND POLICY – I agree to the following: 1) To abide by the rules of Cal South and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Cal South accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Cal South, its affiliated organizations and sponsors, their families and associated personnel, including the owners of fields and facilities utilized by the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. 2) To hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. No refunds will be given once the camp has begun. Only partial refunds will be given once application has been accepted.

Print Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

Make checks payable to RSF Soccer and mail your form to:

Rancho Santa Fe Youth Soccer, 616 Stevens Avenue, Suite M, Solana Beach, CA 92075.

If you have any questions, please call 760-479-1500.

Date Received: _____ Office Use
Check #: _____ Amount: \$ _____