



2021 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.
\$190 for 5 days (or \$45/day) 9:30 a.m.—12:00 p.m.

Select Your Preferred Camp Session: 6/21- 6/25 Nativity Church 7/26 - 7/30 Nativity Church

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 possible exposure to and illness from infectious diseases, including but not limited to MRSA, influenza, and COVID-19, and in consideration for Cal South accepting the registrant for its soccer programs and activities (the "Programs"), I KNOWINGLY AND FREELY ASSUME ALL SUCH INHERENT RISKS, both known and unknown, EVEN IF ARISING FROM THE ACTIVE OR PASSIVE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation in such Sanctioned Activities as regards to protection against such injury or infectious diseases. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Releasees their officers, directors, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Sanctioned Activities, WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE ACTIVE OR PASSIVE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby agree to defend and indemnify RELEASEES for all such claims, causes of actions, allegations or matters arising out of, relating to, based upon or in any way connected to my participation in such Sanctioned Activities. 2) I do 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. 3) REFUND POLICY: No refunds will be given once the program 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, P.O. Box 1373, Rancho Santa Fe, CA 92067.
If you have any questions, please call 760-479-1500.