

# Grassroots Soccer



**Grassroots Soccer** is for beginners/recreational players who want to learn the game, play with their friends and have fun!

Sign up to meet others your age, or you can even form your own team and play together with the support you need from our club coaches.

Practice on Saturdays with your own volunteer coach (parent/parents). These sessions will be co-coached with one of our club professionals, so volunteer coaches can also learn coaching skills!

Sessions are on Saturdays:  
June 4, 11, 18 & 25  
July 2 & 9

Time: 8:00 – 9:45 a.m.

Location: Mesa Verde Middle School  
8375 Entreken Way, San Diego 92129

Cost is \$150 for all six sessions (coaching is free).  
FCGS-SD rec t-shirt is included.

Get \$50 off our Fall Rec league if you sign up for both.



Register online at <https://sdfa.elitesoccerclubs.com/camps> or by using this form.

**Make checks payable to SDFA**  
Mail completed registration form and check to:  
F.C. Golden State - Grassroots  
P.O. BOX 721030, San Diego, CA 92172  
[www.sdfacademy.com](http://www.sdfacademy.com)

Player Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address City State Zip \_\_\_\_\_ Shirt Size YS YM YL YXL AS AM

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell \_\_\_\_\_

Cancellations must be made 7 days prior to the start of the league and submitted in writing to [johnson@sdfacademy.com](mailto:johnson@sdfacademy.com). An administration fee of \$50 will be applied to any cancellation.

**Medical Release**  
I, the parent/guardian of the player named herein, acknowledge that participation in soccer, as in any sport, may result in injury. As the undersigned parent/guardian, I therefore release the FC Golden State San Diego and the San Diego Football Academy teams, agents, officers, coaches and players from all liability or responsibility for any claim damage or legal action on behalf of the player or the player's parents, heirs or personal representatives, arising from an injury the player may sustain while participating in soccer or related activities, including transportation, except to the extent and in the amount covered by FC Golden State San Diego and the San Diego Football Academy insurance plan. Additionally, as the parent/legal guardian of the aforementioned player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. I understand this care may be given under whatever conditions are necessary to preserve the life, limb or wellbeing of my dependent.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_