F.C.G.S. SAN DIEGO

SUMMER SOCCER CAMPS

Join FCGS - San Diego for Soccer this Summer!
This outdoor soccer camp will give players the opportunity to improve their game skills that lead to success in soccer. Sessions will be coached by our professional coaches. Each session will have a different focus: Technical Skills, Speed and Agility, Receiving, Defending, Attacking, Shooting and putting it all together in small-sided games. Open to all levels of players. Ages 5 - 18.

Register on-line at **https://sdfa.elitesoccerclubs.com/camps** or by using this form.

Select your camp session(s) below:
When: Session 1: **June 12 - June 16**
Session 2: **July 10- July 14**
Session 3: **July 17 - 21**

Time: 9 am to 12 pm

Where: Mesa Verde Middle School
8375 Entreken Way
San Diego, CA 92129
www.sdfacademy.com

Fees: Sessions are $180 for Ages 5 - 18 per camp (or $60 per day)

Checks made payable to SDFA
Mail completed registration form and check to:
Camp F.C. Golden State
P.O.BOX 721030, San Diego, CA 92172

Check Session Selection: Session 1 ☐ Session 2 ☐ Session 3 ☐

Player Name _____ Birth Date _____

Address ,City, State, Zip _____

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 leslie@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 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 the FC Golden State / 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 _____