

HOLIDAY CAMP

with



FCGS

San Diego

These special 5-day outdoor soccer camps are open to all levels and will give players the opportunity to improve the game skills that lead to success in soccer. With instruction by a professional coaching staff, our sessions will focus on:

Technical skills • Speed and agility • Receiving • Defending • Attacking • Shooting • Putting it all together in small-sided games

Ages: 5 to 18 years

Session dates & times: December 19– 23 and December 26 – 30 from 9:00 am to 1:00 pm

Location: Mesa Verde Middle School: 8375 Entreken Way, SD 92129

Registration: \$180 for 1 session or \$300 for 2 sessions.*

*For 2-session discounted fee of \$300, download this form at sdfacademy.com/holiday & send with a check to the address below.



Register now online at sdfa.elitesoccerclubs.com/camps or mail this form. (3% service fee on credit card payments.)

Session 1: December 19 – 23

Session 2: December 26 – 30

Player name _____ **DOB** _____ **School/Grade Fall 2022** _____

Address _____ **Parent / Guardian name(s)** _____

City _____ **State** _____ **Zip** _____ **Phone** _____ **Email** _____

Cancellations must be made 7 days prior to the start of the camp and submitted in writing to 1es1ie@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 San Diego Football Academy / FC Golden State San Diego 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 San Diego Football Academy / FC Golden State San Diego 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 / Guardian signature _____ **Date** _____

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