



Presents

2018 Thanksgiving Break

La Jolla Impact SOCCER CAMP

Objective is to bring the LJ Impact Teams together to work on skills and development with an emphasis on FINISHING! We will also bring the kids together to build a “family” dynamic amongst our players, coaches and club.

<u>DATE</u>	<u>TIME</u>	<u>AGES</u>	<u>LOCATION</u>
Nov 19-21 (Mon-Wed)	9am-1pm	Boy & Girls 2012-2007	Allen Field

Fee: \$150.00 (To secure spot payment needs to be made prior to camp, a limited number of walk-ons will be accepted)



Please contact Camp Director, Marcos Gonzales, for more information

marcos@lajollasoccer.org

619-250-0250



2018 Thanksgiving Break Impact Camp

November 19-21 (Mon-Wed)

Location: Allen Field

9:00am until 1:00pm

\$150.00

ALL PLAYERS WELCOME

- Checks made payable to "LA JOLLA YOUTH SOCCER"
 - TURN IN REGISTRATION AND PAYMENT TO ALLEN FIELD CLUBHOUSE
- Please contact LJYSL Office for registration questions. ljysl@lajollasoccer.org 858-677-9779

Player Information

Child's name: _____ Gender: Male _____ Female _____

Age at Camp: _____ Date of Birth: _____ Impact Team: _____

Address: _____

City: _____ State/Zip: _____

Phone #: _____

Email: _____

Emergency Contact Phone Number During Camp Hours: _____

Name (print) _____

- ✓ Please have camper wear soccer attire (including shin guards)
- ✓ Arrive 15 minutes prior to the start of each day.
- ✓ Bring Soccer Ball

Hold Harmless Agreement/Medical Release

The Parent or Guardian and minor fully understand that there may be some inherent risk involved in the Event/Activity in which the minor desires to participate. Participation is voluntary and the Parent or Guardian agrees to assume the risk of personal injury for the minor. In addition, the Parent or Guardian agrees to indemnify and hold harmless the La Jolla Youth Soccer League, its coaches, its officer, successors and assigns from and against any and all claims, damages, liability, losses, including reasonable attorney's fees and cost of suit, arising out of the minor's participation in the La Jolla Youth Soccer Camp. By signing this agreement, the Parent or Guardian and minor certify that they fully understand the risks and dangers involved in the Event/Activity. In the case of injury, the Parent or Guardian grants consent for the minor to receive emergency medical treatment.

Special Medical Consideration: _____

Parent Signature: _____ Date: _____

For Office Use Only

Receipt:..... Date Received: Initials: