



San Diego United Camp Registration Form

Please check which camp you are registering for:

Summer / Winter

DATES: _____

PRICE: \$95 per camper with a group of 6 or more OR \$125 per individual camper

PLAYER'S NAME: _____ / SHIRT SIZE: _____

CURRENT CLUB: _____ / TEAM: _____ / COACH: _____

PARENT'S NAME: _____ / HOME PHONE: _____

MOM CELL NBR: _____ / DAD CELL NBR: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

LIST ANY MEDICAL PROBLEMS OR LIMITATIONS PLAYER HAS:

PERSON TO NOTIFY IN EMERGENCY: _____ / PHONE: _____

IMPORTANT: I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of CYSA-South, its affiliates organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the CYSA- South accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and / or otherwise indemnify the CYSA-South, its affiliates organizations and sponsors, their employees associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant.

Signature: _____

Date: _____

Payment Received: \$ _____ Date: _____