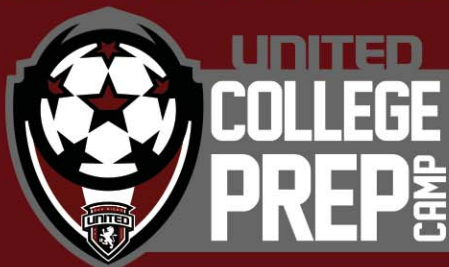


# JOIN US FOR THE GIRLS 2-DAY COLLEGE PREP CAMP

T U E S D A Y  
JULY 25, 2017  
T H U R S D A Y  
JULY 27, 2017

8:30 AM - 11:30 AM  
SANTANA HIGH SCHOOL



The camp is for high school aged players entering 9th grade in the Fall and older regardless of ability. Camp is filled on a first come, first served basis.

**Space is limited.** Please register early to ensure your acceptance. There is an "Early Bird" rate of \$90 per player if postmarked by July 20 and \$195 thereafter.

Player Name: \_\_\_\_\_ High School: \_\_\_\_\_ Grad Year: \_\_\_\_\_ GPA: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Email: \_\_\_\_\_

Please circle position (only 1) that you would like to play during the camp games:

Forward - Left Mid - Center Mid - Right Mid - Lt Back - Center Back - Right Back - Keeper

Registered SD United player (not a requirement) Yes \_\_\_\_\_ No \_\_\_\_\_ Birth Year \_\_\_\_\_

If yes, Coach Name: \_\_\_\_\_ If no, Club Name: \_\_\_\_\_ Coach: \_\_\_\_\_

Please indicate playing experience: \_\_\_\_\_

Please list any medical conditions of player: \_\_\_\_\_

Emergency Contact Info (in order to be called):

Name 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Name 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Please mail registration form along with a check or money order (made payable to San Diego United) to:

San Diego United, 2235 Camino Del Vecino, Alpine, CA 91901

**Camp cost is \$90 if postmarked by July 20** or \$195 if postmarked on July 21 or later.

**IMPORTANT** - I/We, the parent/guardian of the above named player, a minor, and the above named player agree to the following: (1) to abide by the rules of Cal South, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Cal South accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Cal South, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. (2) To hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**Contact Camp Director: Sami Nedjar - Cell: (619) 248-9650 or email: [bnedjar@cox.net](mailto:bnedjar@cox.net)**