11568 Sorrento Valley Road, Suite 14 San Diego, CA 92121 (858) 794-8404 www.dmcvsharks.com

DMCV SHARKS 2011 JR. WORLD CUP WINTER SOCCER

At Torrey Hills Elementary School on Sundays
February 27, March 6, 13, 20, 27 and April 3

5 and 6 year olds from 12:00 to 1:00
7 and 8 year olds from 1:15 to 2:15
9 — 12 year olds from 2:30 to 3:30

Sessions include 30 minutes of training with our professional coaches followed by 30 minutes of 4 v 4 mini games.
Closing ceremonies will be held on the final Sunday.

Fees are $110 - Register online at www.dmcvsharks.com to pay with a credit card.
Or make checks payable to DMCV Sharks and mail to address above by February 20th.
Scholarships are available.

CANCELLATION POLICY - Requests for cancellation must be received by February 15th and must be submitted in writing to: sandi@dmcvsharks.com A $35 administration fee will be charged for all cancellations.

RAINOUTS - Please check our website after 9:00 a.m. for updates if there is a question about weather.

Player Name ______________________________ Boy / Girl Date of Birth ___/____/____

Address ____

City ____ Zip ______________

Emergency Phone ____________________ Email ______________________________

Payment Received $____________________________ Check # __________________

MEDICAL RELEASE / CONSENT FOR MEDICAL TREATMENT—I 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.

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Please print name of Parent/Legal Guardian

____ ____________________
Signature of Parent/Legal Guardian Date