

DMCV SHARKS

2012

M. L. S.

MINOR LEAGUE SOCCER

AT

TORREY HILLS
ELEMENTARY
SCHOOL

SUNDAYS

APRIL 29

MAY 6, 13

JUNE 3, 10



5 and 6 year olds from 12:00 to 1:00

7 and 8 year olds from 1:15 to 2:15

9, 10, 11 and 12 year olds from 2:30 to 3:30

- M.L.S. IS DESIGNED FOR RECREATIONAL PLAYERS -

FEES are \$95

Scholarships are available

Register online at www.dmcvsharks.com to pay with a credit card

Or make checks payable to DMCV SHARKS and mail to address below by April 30th

These hour long sessions include 30 minutes of training with our professional coaching staff led by Tommy Maurer, Director of Recreation, followed by 30 minutes of 4v4 match play.

CANCELLATION POLICY - Requests for cancellation must be received by May 1st 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 11:00 a.m. for updates if there is a question about weather.

Player Name _____ Boy / Girl Age _____

Address _____

City _____ Zip _____

Emergency Phone _____ Email _____

please print clearly

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. Please note that participants who did not play for Sharks during the Fall 2011 season, or were not otherwise registered with Cal South during the Fall 2011 season, do not have insurance coverage for this event.

Signature of Parent/Legal Guardian

Date

FOR OFFICE USE ONLY

Date Received _____ Amount Received \$ _____ Check# _____