



# 2012 Recreational Summer Soccer Camps

SHARKS camps are for boys and girls age 5-12. Players new to soccer or those looking to improve their skills are invited to join Tommy Maurer, Director of Recreation Soccer, and our professional coaching staff for circuit training and games in a fun yet challenging environment! Goalkeeper training will also be available each day. Camps run Monday through Friday from 9:00 a.m. until 12:00 noon. Drop-offs can be made at 8:30 for supervised pre-camp fun.

Please check which week(s) you would like your child to attend:

- June 18th – 22nd at Torrey Hills Elem.
- July 16th – 20th at Torrey Hills Elem.
- July 30th - August 3rd at Torrey Hills Park
- August 6th – 10th at Torrey Hills Park
- August 13th – 17th at Torrey Hills Park

Fees are \$165

Register online at [www.dmcvsharks.com](http://www.dmcvsharks.com) to pay with a credit card or make checks payable to DMCV Sharks and mail this form to the address below. Please register 7 or more days in advance of the camp date. Each camper will receive a quality Adidas soccer ball and camp T-shirt. All campers must bring: soccer cleats, shin guards, water, sunscreen, small lunch and snack. Scholarships are available.



**CANCELATION POLICY:** Requests for cancellation must be received 10 days prior to start of camp and submitted in writing to: [sandi@dmcvsharks.com](mailto:sandi@dmcvsharks.com). A \$50 administration fee will be charged for all cancellations.

**RAINOOTS:** Please check our web site after 7:00 a.m. if there is a question about the weather.

## REGISTRATION FORM:

- June 18 - 22
- July 16 - 20
- July 30 - August 3
- August 6- 10
- August 13 - 17

**Player Name:** \_\_\_\_\_ **M/F:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**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 from 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 case may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

\_\_\_\_\_  
Please Print Name of Parent/Legal Guardian

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

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_

Amount: \_\_\_\_\_

Check #: \_\_\_\_\_