

**MVSC 2009 Spring Break Camp  
Registration Form**

Player: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Playing Experience: \_\_ Rec \_\_ Competitive

Address: \_\_\_\_\_  
\_\_\_\_\_, CA \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Phone: Work/Cell Phone: \_\_\_\_\_

Email Address (please print clearly): \_\_\_\_\_

Camp: April 13-17, 2009. 9am-12pm at Tam High Turf.

I, the parent/legal guardian of the registrant, a minor, have read and agree to abide by the terms and conditions of MVSC's 2009 Spring Break Soccer Camp. Recognizing the possibility of physical injury associated with soccer and in consideration of the MVSC accepting the registrant for its soccer program and activities, I hereby release, discharge and/or otherwise indemnify the MVSC, its affiliate organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrants participation in the programs. As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

Parents Printed Name: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_