

MAYORA SOCCER ACADEMY INC.

2010 YOUTH SOCCER CAMP

Check One

- Boys ages 7-8: Aug. 9-13, 9:00am-12:00noon, JLS #4
- Boys ages 16-18: Aug. 16-20, 6:00-9:00pm, El Camino Park
- Girls ages 7-9: Aug. 9-13, 9:00am-12:00noon, JLS #4
- Girls ages 9-10: Aug. 16-20, 9:00am-12:00noon, JLS #4
- Girls ages 11-13: Aug. 16-20, 1:00-4:00pm, JLS #4
- Girls ages 14-17: Aug. 9-13, 6:00-9:00pm, El Camino Park

Field Locations

JLS field #4 480 E. Meadow Road, Palo Alto, CA

El Camino Park El Camino Real, Palo Alto, CA (across from Stanford Shopping Center)

\$175 PER PERSON (includes camp T-shirt)

No refunds once payment is made.

WAIVER & REGISTRATION

Name of Player: _____ Date of Birth: _____

Previous Experience: _____

Address: _____ City: _____

CA Zip Code: _____

Day Phone: _____ Evening Phone: _____

Email address: _____

Emergency Contact Name: _____

Phone: _____

Do you have health/group Medical Insurance? _____

Do you have any physical impairment that would be effected by participation in a soccer camp?

T-shirt size (circle one): YL, YXL, AS, AM, AL

I, as parent/guardian, hereby give my permission for said player to participate in the Mayora Soccer Academy soccer activities and agree to release, indemnity and hold harmless the instructors and volunteers of these activities from any and all claims arising out injury to the above said minor. I have no knowledge of any physical impairment that would be affected by the above named minor's participation in these soccer activities. I acknowledge that soccer activities are of a strenuous physical nature that does pose some inherent risk of injury. I hereby authorize the instructor/volunteers of these soccer activities to act for me according to their best judgment in any emergency requiring medical/dental attention. Mayora Soccer Academy will not provide health and/or accident insurance for participant. My signature on the waiver also states that the above named player is covered by my personal medical insurance police. I understand that I will be financially responsible for all charge and fees incurred in the rendering of said treatment, regardless of whether my medical insurance would cover such charge and fees. I agree that pictures taken during Mayora Soccer Academy soccer activities may be used for future promotional purpose. I have read, understood and approve the above waiver.

Signature _____

Make check payable to: Mayora Soccer Academy Inc.

Mail to: Juan Mayora,
3277 Alma St.

Palo Alto, CA 94306

Contact jmayora@sbcglobal.net

650-493-4890 (home) 650-799-2439 (cell)