



2010 Spring Break & Summer Camp Registration Form

Player Information:

Campers Name: _____

Parent Name(s): _____

Address: _____

Age: _____ DOB: _____ Gender: _____

City: _____ State _____ Zip _____

Day Phone: _____

Evening/ Cellular Phone: _____

Emergency Phone: _____

Email (Mandatory): _____

of Years Playing Soccer _____

HEALTH INSURANCE INFORMATION (Mandatory)

Carrier Name: _____

Policy Number: _____

Policy Holder Name: _____

Policy Holder Date of Birth: ____/____/____

Emergency Contact Name: _____

Emergency Phone: _____

I, the parent (legal guardian) of _____, give permission for the named camper to receive emergency medical treatment and hospitalization if necessary. I hereby waive and release the staff, camp management and any sponsors from any and all liability for any injury or illness incurred while at camp. I understand that there is risk of injury to the named camper as a result of camp activities, and knowingly and voluntarily assume all risk of such injury. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment.

Print Parent's Name _____ Parent's Signature: _____ Date ____/____/____

2010 SPRING BREAK & SUMMER DAY CAMP INFORMATION

Please check appropriate box(s) to register:

	Program	Dates	Time	Ages	Gender	Location	Cost
<input type="checkbox"/>	SB Camp (Spring Break)	March 29-April 2	9am – 1pm	5-12	Boys & Girls	Hollister School	\$125
<input type="checkbox"/>	SB Camp	June 7 – 11	9am – 1pm	5-12	Boys & Girls	Hollister School	\$125
<input type="checkbox"/>	SB Day Camp	June 14-18	9am – 1pm	5-12	Boys & Girls	Hollister School	\$125
<input type="checkbox"/>	SB Day Camp	August 2- 6	9am – 1pm	5-12	Boys & Girls	Girsh Park	\$125

Payment Information:

Please check appropriate box(s):

T-SHIRT Size: Youth-S YM YL Adult-S AM

Register for 2-separate weeks (must register at same time) \$5 off

Sibling Discount: \$5 off each additional child enrolled

Note: Discounts cannot be combined (Maximum \$5 Discount per camper per week)

All checks should be made payable to "Go 2 Soccer"

Mailed to:

**UCSB
Men's Soccer
ICA Building
Santa Barbara, CA 93106-5200**

Office Use Only:

Check # _____ Cash: _____ Amount: _____

POLICY: All payments made to "Go 2 Soccer" are non-refundable unless SB Soccer cancels the camp. A \$25.00 service fee will be charged for returned checks.