

AYSO RESIDENTIAL SOCCER CAMP



July 21-26, 2019

Chapman University, Orange, CA

Soccer players, 12-16, are invited to join us for this unique, week-long camp that focuses on player development, both on and off the field.

Players will not only have fun but leave the camp equipped with knowledge and skills that will help prepare them for future success on the field, in the classroom and beyond.

Key takeaways include:

- Improving the technical skills of each individual player.
- Developing a tactical understanding of their role on the team and different approaches during a match.
- Understanding the importance of physical training, conditioning and healthy lifestyle choices.
- Emphasizing a positive mental attitude towards your team, training and the game.
- Developing leadership skills that can be used on and off the field.

\$695 includes:

- Room and board (double occupancy)
- Meals: breakfast, lunch and dinner
- Jersey, t-shirts, backpack, soccer ball and water bottle
- Priceless memories and training

WE HOPE TO SEE YOU THERE!
REGISTER TODAY at AYSO.org/Camps

Questions? Contact:

Andy Price

424-221-7960 or AndyPrice@AYSO.org

/AYSO_soccer /AYSO_soccer /AYSOsoccer





AYSO Residential Camp Registration Form

This form confirms my intention to attend the AYSO Residential Camp at Chapman University:

Chapman University, Orange, CA

July 21-26, 2019

Enclosed is the registration fee. We accept credit, money orders, or checks made out to AYSO. Please fax/mail the registration form with payment to:

Fax: (310) 525-1155

**Mail: AYSO Soccer Camps Attention: Andy Price
19750 S. Vermont Ave., Suite 200 Torrance, CA 90502**

| | | |
|---|--|----------------|
| Participant Name (Last/First): | Gender: | Date of Birth: |
| Address: | Parent Email Address: | |
| City/State/Zip: | Shirt Size: (Chose one) YL, YXL, AS, AM, AL, AXL | |
| Does the applicant have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? Yes/ No If "Yes," please identify any conditions below: | | |

Emergency Authorization: I, the undersigned parent or legal guardian of the Applicant, a minor, hereby authorizes the coaches acting in the capacity of activity supervisors/drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment of the Applicant. In case of emergency I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached by phone, please contact:

| | |
|----------------------------|---|
| Father/Guardian: | Mother/Guardian: |
| Phone Number: | Phone Number: |
| Name of Medical Insurance: | Emergency Contact: Phone Number: |

Waiver of Liability and Disclaimer: I, the parent/guardian of the Applicant, acknowledge that participation in athletic events necessarily involves risk of physical injury. In consideration for AYSO's acceptance of my proposed registration form for the Applicant, requesting the Applicant's voluntary participation in the AYSO Residential Camp. I hereby release, discharge and hold harmless AYSO, and each of its employees and other representatives from any and all future legal claims arising out of the Applicant's participation in the AYSO Residential Camp, including claims based on physical injury allegedly caused by the negligence of any coach during the camp.

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| Signature of Parent/Guardian: | Date: |
|-------------------------------|-------|

PAYMENT OPTIONS: (Choose one) MasterCard Visa Money Order

| | | |
|------------------|--------------------------------|------------|
| Name on Card: | Amount: (Regular Registration) | |
| Card Number: | Expiration Date: | CCV2/CVS#: |
| Billing Address: | City/State/Zip | |
| Signature: | Date: | |