

# Soccer Kids America



**Register Online Today!**

**www.soccerkidsamerica.org**

**Contact Karleen 619-977-0474 or  
soccerkidsamerica@yahoo.com**



Reviewed by: District Communications



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**APPROVED**

By 115248 at 2:03 pm, Aug 27, 2015

## Soccer Camp Ages 5-12 Years

Kids will have fun learning and improving skills with professional coaches.

**Monday, November 23-Wednesday, November 25**  
(Thanksgiving Break)  
**9:00 am - Noon**

**Location:** Golden Hills Recreation Center  
2600 Golf Course Drive  
San Diego, CA 92102

**Cost:** \$35 per day or \$160 per week

## Futsal Indoor Soccer League Ages 5-14 Years

**Registration Deadline September 19.** If you do not register by deadline your child is not guaranteed a space.

**Game Date:** Saturdays-8 weeks  
**Begins October 3**

**Location:** Municipal Gym-in Balboa Park  
(next to Air & Space Museum)  
2111 Pan American Plaza  
San Diego, CA 92101

**Cost:** \$80 includes team shirt

**Register online at [www.soccerkidsamerica.org](http://www.soccerkidsamerica.org) or mail registration form with payment to:  
Soccer Kids America 1765 Garnet Avenue #3, San Diego, CA 92109**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Child's Gender: Male  Female  School Child Attends: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Emergency Contact Name & Number (If parent can't be reached): \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

**Select program:**  Soccer Camp  Fall Futsal

**Payment type:**

Cash  Check/Money Order payable to Soccer Kids America

Total Fee\$ \_\_\_\_\_

I the guardian of the above named player, a minor, and the above named player agree to the following: (1) To abide by the rules of Soccer Kids of America. Recognizing the possibility of injury associated with soccer and in consideration for Soccer Kids of America accepting the registrant for its soccer program and activities, I hereby release, discharge and/or otherwise indemnify Soccer Kids of America, 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 registrants participation in the programs. (2) I hereby give my consent for emergency medical care prescribed by a duly licensed doctor. This care may be given under any circumstances which are necessary to preserve the life, limb, or well being of my dependent. (3) To hereby give my consent to Soccer Kids of America to take photographs, video recordings and/or sound recordings of the above named player for Soccer Kids of America educational and promotional purposes in manuals, flyers, on the world wide web or in other publications. **Please list any special concerns you have in regards to your child's participation:**

Parent/Guardian Signature: \_\_\_\_\_

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