

**COERVER**  
**SOUTHERN CALIFORNIA**

**BLACK MOUNTAIN FC**  
**2008 SOCCER CAMP**

**DATES:** July 28<sup>th</sup> thru August 1<sup>st</sup>

**TIME:** 8:00 am to 11:00 am

**PLACE:** Mccarran Market Place Soccer Complex  
Henderson - Nevada

**Sign ups:** Logon to [www.coerver.com](http://www.coerver.com) (Click on: Regions/Soccer Camps, then click on **California: Coerver Southern California-Mission Viejo**) (Sign ups must be completed by June 30<sup>th</sup>)

**For questions:**

Please contact Roger Castle at 949-677-1301 or  
Cecilia Castle at 949-770-7978 or  
E-mail us at: [coerversc@cox.net](mailto:coerversc@cox.net)



**Coerver Southern California**

**Liability Form**

Player Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**LIABILITY WAIVER**

I the Parent/Guardian of the player name hereon acknowledge the participation in the sport of soccer, as in any sport may result in injury. The undersigned parent/Guardian therefore releases Coerver Southern California, Its Agents, Officers, Coaches and Players, from all Liability or Responsibility for any claim, damage or legal action on behalf of the player, parents, heirs or personal representatives, arising from any injury the player may sustain while participating in soccer or related activities, including transportation.

Name: \_\_\_\_\_  
Parent/Guardian (Please print)

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

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

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 or dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

Name: \_\_\_\_\_  
Parent/Guardian (Please print)

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

Existing health concerns: \_\_\_\_\_