

# ARROYO SOCCER CAMP

In cooperation with the West Marin Youth Soccer League

Come enjoy a week of soccer in a fun environment, with emphasis on skill development. There will be small-sided games, and offensive and defensive tactics taught and practiced. We have an excellent staff with years of coaching and teaching experience amongst us.

**Location:** Lagunitas School in San Geronimo

**Date:** August 9-13, 2010

**Time:** 9:00 am-12:00 pm

**Price** \$125 (each additional sibling \$100) Ages 6-13

**Checks Payable to Dylan Arroyo**

**Mail Registration forms to:**

**Arroyo Soccer Camps**

**PO BOX 1053**

**Woodacre, CA 94973**

Bring your soccer ball, cleats, shin guards, water bottle, and plenty of snacks. For any further information, please contact Dylan Arroyo at (415) 254-9432 or email [dyarroyo@yahoo.com](mailto:dyarroyo@yahoo.com)

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent's Email \_\_\_\_\_

List any medical conditions or restrictions \_\_\_\_\_

Person to Notify in case of emergency \_\_\_\_\_ Phone( ) \_\_\_\_\_

Doctor to notify in case of emergency \_\_\_\_\_ Phone( ) \_\_\_\_\_

Hold Harmless Agreement:

I, the parent/guardian of the above-mentioned player, agree that the player will abide by the rules and regulations of U.S. Youth Soccer. I hereby release, discharge and otherwise hold harmless the USYS, the WMYSL and affiliated parties, the owners and operators of the facilities used for the program and their respective directors, officers, agents and representatives, Dylan Arroyo and all staff from and against all claims, liabilities, damages or cause of action arising out of or in connection the participation in the Arroyo Soccer Camp. As the parent and legal guardian of the above-mentioned player, I hereby give consent for medical care prescribed by the licensed doctor of medicine or doctor of dentistry. This care may be given under whatever circumstances are necessary to preserve life, limb or well being of my dependent.

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

