

RAVEN SOCCER ACADEMY

The Raven Soccer Academy is a camp designed for players looking to improve both their technical and tactical skills. Sarah Aguilar, Women's Varsity Soccer Head Coach at Canyon Crest Academy along with Tom Lockhart, Men's Varsity Head coach have created a clinic that will emphasize both technical and tactical skills.

Online Registration Information:

Clinic Information:

Boys and Girls: 5th-9th Grade

Dates: June 19th-June 22nd

Times: 9:00 am to 12:00 pm

Location: CCA Stadium

Camp Fee: \$250.00 (Register Online)

For More Information: sarah.aguilar@sduhsd.net or tom.lockhart@sduhsd.net

Campers Name: _____ Age: _____ Grade: _____

Address, City, Zip: _____

Home#: _____ Cell#: _____ Emergency#: _____

Email Address: _____ Parent's Name: _____

(Mail Registration Forms to CCA Ravens Soccer; 551 Village Center Loop Rd; SD,CA 92130)

Customer Number: 49306700

Height 4.5" x Width 7.5"

Release From Liability and Indemnification/Medical Emergency Release

" I certify that I am the parent or guardian of _____ and intend to enroll him/her in the above activity. On behalf of myself and my child, I agree to waive and release the CCA Foundation, and its coaches, for and against any and all claims, cost liabilities, expenses or judgments, including attorney fees and court costs arising out of my child's participation in the camp or any illness or injury there from except injury deliberately or willfully caused. I recognize that the activity can be dangerous to my child and accept those dangers. I understand that if my child is injured this waiver will be used against me and anyone else claiming damage because of my child's injury in any legal action. I agree that pictures/videos taken during program hours may be used for future promotional purposes. I also understand that no employee or agent is authorized to modify this waiver."

In the event of a sudden illness, accident or injury which may occur while said minor is engaged in activity supervised by the CCA Foundation, when neither the parents, guardians or designated family physician can be contacted, I hereby give my consent for emergency treatment as shall be necessary and release and discharge the CCA Foundation on all claims for personal injury. I CERTIFY THAT I HAVE PERSONALLY READ AND UNDERSTAND THIS WAIVER AND RELEASE FORM.

Signature _____ Date _____ Medical History _____