

RELEASE OF LIABILITY

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the LAGB program, its related events and activities, I,

The undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releasees or others, and assume full responsibility for my participation, and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of LAGB immediately, and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless LAGB, their officers, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners, and lessors of premises used for the activity ("Releasees"), with respect to any and all injury, disability, death or loss or damage to person or property, weather arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

For Parents/Guardians of Participants of Minor Age

(Under age 18 at the time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this

X _____
Participant's Signature Date of Birth Date

participant, do consent and agree to his/her release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation, in these programs as provided above, even if arising from the negligence of the Releasees, to the fullest extent permitted by law.

X _____
Parent/Guardian Signature Date Signed

Emergency Contact Information

Contact Phone Number

Contact Phone Number



SOCCER CAMP

July 29, 2019 to August 2, 2019

**Monday - Friday
8 AM to 11:30 AM**

**Ages 4 to 18
All skill levels**

CSUB

Practice Fields

Stockdale Hwy & Don Hart Drive

\$125.00

for 5-Day camp

Register Early! Limited Registration!

Registration Deadline:

July 26, 2019

**For more information please contact
Galaxy Camp Directors:**

Francisco Gomez, Director of Coaching - Boys
francisco@lagalaxybakersfield.net
661.817.3681

Russ Miller, Director of Coaching - Girls
russ@lagalaxybakersfield.net
661.342.4941



BAKERSFIELD

GALAXY

SOCCER

CAMP

Get your soccer game off to a great start!

Camp Includes:

- ◆ Camp T-shirt
- ◆ Ball mastery, dribbling & passing, control & touch, shooting & finishing, shielding the ball, coordination, 1 v 1 attacking, defending and small-sided games.



BAKERSFIELD

GALAXY SOCCER CAMP

The camp will focus on individual, age-appropriate skills as well as teamwork and understanding of the game. Designed for all skill levels, from beginner to advanced, the Galaxy summer soccer program highlights the joy of the world's most popular game while providing players with the necessary tools to take their game to the next level. Players will be instructed through fun and exciting drills and games in a positive and challenging environment.

Our highly qualified staff offers 5 days of competitive, focused and high energy training sessions. Players at every age and level will improve their game and learn what it takes to be the best.

July 29, 2019 to August 2, 2019
Monday - Friday 8 AM - 11:30 AM
Ages 4 to 18 All skill levels

CSUB

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Stockdale Hwy & Don Hart Drive

\$125.00
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Player Information

Name _____

Age Group _____

4-5 years old	Girl
6-7 years old	Boy
8-10 years old	
11-14 years old	
15-18 years old	

T-shirt Size _____

Youth Small
Youth Medium
Youth Large
Adult Small
Adult Medium
Adult Large

Parent/Guardian Information

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

E-mail Address _____



BAKERSFIELD

CHECKS PAYABLE TO: **LAGB**
Mail Registration Forms and Payment to:
Galaxy Soccer Camp
5307 Windriver Drive
Bakersfield, CA 93312