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Carlsbad Lightning 2010 Jr. World Cup Winter Soccer League



Aviara Soccer Park

Saturdays: Feb. 20, 27, Mar. 6, 13, 20, 27

Times:

- 5 & 6 yr olds: Noon - 1pm
- 7 & 8 yr olds: 1:15 - 2:15 pm
- 9, 10 & 11 yr olds: 2:30 - 3:30pm

Cost: \$110

Note: Only 60 kids per age group
So .. *Register Early(!)*

Sessions include 30 minutes of training with Directors & Professional Coaches from within the Lightning Soccer Club followed by 30 minutes of 4 v 4 mini games.

Award Ceremonies will take place on the last Saturday.

Each player will receive a team T-Shirt.

**Make checks payable to "Carlsbad Lightning Soccer Club" and mail your form & check to:
Carlsbad Lightning Soccer Club, 7750 El Camino Real, Suite 2H, Carlsbad, CA 92009**

Player Name: _____ **Age:** ____ **DOB:** _____ **M/F:** ____
Address: _____ **City:** _____ **Zip:** _____
Emergency Contact: _____ **Phone:** _____
Email: _____ **Check #** _____ **T-Shirt Size:** YS, YM, YL, AS
Amount Enclosed \$ _____

MEDICAL RELEASE / CONSENT FOR MEDICAL TREATMENT— I agree to the following: 1) To abide by the rules of Cal South and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Cal South accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Cal South, its affiliated organizations and sponsors, their families and associated personnel, including the owners of fields and facilities utilized by the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. 2) To hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

_____ **Print Name of Parent / Legal Guardian** _____ **Signature of Parent / Legal Guardian** _____ **Date**

For more information please visit our website at www.lightningsoccerclub.com or contact Heather Hilliard at hilliard4@roadrunner.com