

VERANEO DE FÚTBOL SOCCER CAMPS 2008  
Registration Form

NAME OF PLAYER \_\_\_\_\_  
LAST FIRST MIDDLE

HOME ADDRESS \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP

DATE OF BIRTH \_\_\_\_\_ GRADE/SCHOOL IN FALL 2007 \_\_\_\_\_

PARENT'S (or GUARDIAN'S) NAME \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**LIST ANY PLAYER ALLERGIES** \_\_\_\_\_

**EMERGENCY TELEPHONE NUMBERS:** Should your child become ill or injured, please provide numbers where a parent or guardian may be reached.

HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

**2ND NON-FAMILY EMERGENCY CONTACT**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**CAMP WILL BE HELD AT DE VARGAS MIDDLE SCHOOL**  
(1720 Llano Road, on Llano between St. Michael's Drive & Siringo Rd)

*Drop-off begins at 8:30am and pick-up lasts until 12:30pm*

CAMP 1: June 16 – 20 Monday – Friday Seven to Thirteen Year Olds (7, 8, 9, 10, 11, 12, 13)  
(De Vargas MS) 8:45am – 12:15pm

**COST:** \$100 per participant (\$125 if received/postmarked **after** June 10)

Please make payment to **GREGORY RUSK**. Mail completely signed application and full payment to:  
**NORTHERN SOCCER CLUB, Attn: Gregory Rusk, 2213 BROTHERS ROAD, SUITE 100, SANTA FE, NM 87505**

- In the event of illness or injury, I grant the Veraneo de Fútbol Soccer Camps the right to take appropriate action for my child's health and safety and to obtain any necessary medical assistance. I will be fully responsible for all medical expenses incurred by my child while attending the program.
  - I certify that my child is in good health and is able to participate in physical activities, including soccer.
  - My child is required to provide her own equipment (**BALL, shin guards, water, clothing**), which is in good condition for use during the program. I understand that lost equipment and personal belongings are not the responsibility of the Camp.
  - If my child disobeys the Camp rules, I agree that my child may no longer be able to participate in the program and that the program will not refund any of the fees paid for attending the Camp.
  - Campers unable to participate due to mild injury or illness, etc. will be treated by the on-site health supervisor. Parents/guardians or emergency contacts will be contacted for more serious illnesses or injuries. Campers needing hospitalization will be taken by ambulance.
  - I give permission for the Veraneo de Fútbol Soccer Camps to use my child's image in future advertising and promotional materials.
  - The soccer camp rents facilities from Santa Fe Public Schools and is not sponsored by the SFPS or City of SF.
  - I, the undersigned for ourselves, our heirs, executors and administrators waive, release, and forever discharge the Veraneo de Fútbol Soccer Camps, the Northern Soccer Club, its staff, and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained during participation in camp activities or while at camp.
- I have read and freely signed this agreement which shall take effect as a sealed instrument.**

Parent/Guardian Signature

Date

For more information please call 505-603-1166 or email [gregoryrusk@hotmail.com](mailto:gregoryrusk@hotmail.com)