



Recreational Summer Camps

Fun-Filled Technical Development Soccer Camps

Boys and Girls: Ages 5 - 13

Date / Locations:

Session 1: June 22-26 Pine Park

Session 2: July 27-31 Aviara School

Session 3: Aug. 3-7 Poinsettia Park

Session 4: Aug.10-14 Stagecoach Park
(Field #2)

Cost: \$140 for half-day (9am-Noon)
\$160 for full-day (9am-2pm)
\$35 Day Rate

Sessions will be conducted by the Directors & professional coaches from within Lightning Soccer Club.

This camp is designed for all players to work on their technical ability in a fun atmosphere. Players will go over the mechanics of individual skills, opposition (attack/defend), then work the skills into small-sided game situations.

The camp will focus on these key areas:

- Running, Dribbling, Shielding the ball
- Passing and Receiving
- First Touch on the ball
- Crossing and Shooting

Each camper will receive a Lightning T-Shirt

Make checks payable to GMC & mail your form to: 2839 Hillsboro Crt, Carlsbad, CA 92008
For more information, please email Glenn Malone @ Glennfmc@aol.com or call (760) 672-8260

Player Name: _____ **Age:** _____ **Session #:** _____

Address: _____ **City:** _____ **Zip:** _____

Emergency Contact: _____ **Phone:** _____

Email: _____ **T-Shirt Size:** YS, YM, YL, AS

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