



Introducing 2010 Soccer Camps

During ~~Spring Break~~ & Summer Vacations

Week-Long, Half-Day Sessions

All Players Welcome – Grades 1-8

Register Today!



During ~~Spring and~~ Summer school vacation Tiburon Peninsula Soccer Club Camps provide the perfect opportunity for players at all levels to develop their soccer skills in a fun, professionally coached environment.

TPSC Camps are unique in offering age-appropriate, curriculum-based, soccer skills development. Sessions are organized, players are grouped, and the skill-set and method of instruction are aligned by age and level of learning capacity.



Program Details

- Daily, curriculum-based professional coaching, reinforced by fun, multi-format hi-touch drills and games (e.g. dribbling, striking, 1v1 defending, 2v2, 3v3)
- Outdoor soccer gear, shinguards (mandatory), soccer cleats. Bring water
- Camp takes place at McKegney - subject to weather and related field status (to check visit www.tiburonsoccer.org or call the Club hotline: 415-789-8458)



Schedule

- Half-day sessions: Monday - Friday
 - Grades 1-5: 9:00 AM – 12 Noon
 - Grades 6-8: 1:00 PM – 4:00 PM
- ~~Spring Break Camp~~
~~– April 12-16, 2010~~
- Summer Camps
 - ~~June 21-25, 2010~~
 - August 9-13, 2010
 - August 16-20, 2010

Registration

- Cost: \$150/player per camp (checks payable to TPSC. No credit cards)
- Complete and return Registration form below and attached Liability Waiver Form
- Mail both forms with check to: TPSC, PO Box 514, Tiburon, CA 94920
- Registration not complete until both forms and payment received
- No refunds once camp has begun



Questions? Send email to doc@tiburonsoccer.org

Detach Here

2010 TPSC Soccer Camp Registration

Player Name: _____ M/F: _____ School: _____ Grade: _____

Address (Street, City, ZIP): _____

Camp(s) you will attend (check all that apply):

~~April 12-16~~ _____ ~~June 21-25~~ _____ August 9-13 _____ August 16-20 _____ Total Amount Enclosed: _____

Parent/Guardian Contact Information*

Name 1*: _____ Email: _____ Cell: _____

Name 2*: _____ Email: _____ Cell: _____

*Two required for Emergency Contact purposes

Liability Waiver Form

TIBURON PENINSULA SOCCER CLUB

MEDICAL TREATMENT, ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT

In consideration of being allowed to participate in any way for the **TIBURON PENINSULA SOCCER CLUB/LEAGUE ("TPSC")**, its related events and activities, the undersigned, acknowledges, appreciates, and agrees that:

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

•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,

•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 bring such to the attention of the nearest official immediately; and

•I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the **TPSC**, its officers, officials, agents and/or employees, other participants sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

•I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I hereby release, indemnify and hold harmless individuals named above, TPSC, and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the applicant/participant named above as a result of such person being treated or transported to or from TPSC programs as described above.

I HAVE READ THIS MEDICAL TREATMENT, ASSUMPTION OF RISK AND RELEASE OF LIABILITY 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.

X _____ Age: _____ Date Signed: _____

PARTICIPANT'S SIGNATURE

PARTICIPANT'S NAME

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases 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'S SIGNATURE

PARENT/GUARDIAN'S NAME (PRINTED)

EMERGENCY PHONE NUMBERS:

Name: _____ Number: _____ Name: _____ Number: _____

Date Signed: _____