



# LA Galaxy Soccer Camps

Attention: Blane Shepard

Scan and E-mail to: [bshepard@lagalaxy.com](mailto:bshepard@lagalaxy.com)

Or Fax to: 310.630.2251

Parent's Name: \_\_\_\_\_

Address and zip: \_\_\_\_\_

Contact information: \_\_\_\_\_

E-mail: \_\_\_\_\_

Player's First and Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male / Female (*Circle one*)

Emergency Contact: \_\_\_\_\_

Which camp (type and date): \_\_\_\_\_

Credit Card No. \_\_\_\_\_ Expiration \_\_\_\_\_

Signature \_\_\_\_\_

**Jersey / Shirt Size:** YS YM YL YXL AS AM AL

LIABILITY WAIVER – PLEASE READ (1) To abide by the rules of LA Galaxy, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consider LA Galaxy camps accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify LA Galaxy, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrants 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.

I Have Read and Agree \_\_\_\_\_