

| Please make check/money order payable to: CYSL and send to: 1982 Yodel Ln San Diego Ca, 92154 | | | |
|---|---------|---------------|------|
| PLEASE PRINT | | | |
| Player Name: | Age:Par | ents Name(s): | |
| Address: | City: | State: | Zip: |
| Shirt size : Phone # | (2) | Email: | |
| Any Known Medical Conditions: | | | |
| | | | |
| WAIVER OF LIABILITY | | | |
| I hereby authorize the staff of the CYSL, Gerardo Ruiz, Ankle breakers soccer, LLC and its staff to act on my behalf and to the best of their ability in any emergency requiring medial attention. I also hereby release, indemnify, and hold harmless, Gerardo Ruiz (Jerry), Ankle Breakers Soccer Academy, LLC, members, officials, coaches, referees and/or representatives of this organization and the Coronado Youth Soccer League, Inc., from claims, demands, liabilities, actions and/or cause of action arising out of any injury, damage, or loss incurred or sustained by the above named applicant, and I certify that this applicant is covered by medical insurance that is appropriate for activities of this type. There will be no refund compensation due to weather, or acts of God. I also understand that the camp retains the right to use for public and/or advertising purposes, photos taken during the camp. | | | |
| Signed by Parent/Guardian | | | |