

## Please make check/money order payable to: CYSL and send to: Session: 1982 Yodel Ln San Diego Ca, 92154 **PLEASE PRINT** Player Name: \_\_\_\_\_ Age: \_\_\_ Parents Name(s):\_\_\_\_\_ \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_Zip: \_\_\_\_\_ Address: 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 \_\_\_\_\_