



Sign up for your MLS CAMP



Sponsored by

AYSO 42 Newbury Park

MLScamps.com

WEEK 1: July 13th – 17th, 2009

WEEK 2: August 3rd – 7th, 2009

LOCATION WEEK 1: Pepper Tree Park

LOCATION WEEK 2: Dos Vientos Park

Program: 90 minutes (Munchkin group)

Age Groups: 5 & 6 (Co-Ed)

Time: 9am – 10:30am or 10:45am – 12:15pm

Cost: \$80 per player

Program: Half-Day

Ages: 7 & Older

Time: 9am – 12pm

Cost: \$120 per player

Program: Full Day (players need to bring lunch)

Ages: 7 & Older

Time: 9am – 3pm

Cost: \$150 per player

Sign up Online at MLScamps.com

- Campers receive a ball, t-shirt, player evaluation and FREE companion ticket to LA Galaxy game and Graduation Ceremony on the field before the game
- Bring: Shinguards and water required

MAIL CHECK/REGISTRATION TO: AYSO Region 42
417 Knollwood Drive, Newbury Park, CA 91320

MAKE CHECKS PAYABLE TO: AYSO Region 42

FOR MORE INFORMATION:

Tel: Roxanne Phillips @ (805) 375 1378

Email: phillipsteam@aol.com

Tel: James Gilligan @ (860) 536 9966 ext 4004

Email: James.Gilligan@MLScamps.com

NOTE: Sibling Discount = 2nd child \$10, 3rd child \$5
Register later than June 20th – ADD \$25

Tax ID # 95-6205398
Not affiliated with CVUSD

Registration Form. NOTE: A \$35 fee will be applied to refunds from cancellations. To register siblings, photocopy this registration page.
__ Contact me with info on housing a coach during the week of camp ****Complete and return with payment to your program manager listed above.**

PLAYER INFORMATION:

Name:				Date of Birth:	
Grade as of Sep. 09:		Age:		Sex:	
Address:					
City:		State:		Zip:	

PARENT/GUARDIAN AND EMERGENCY CONTACT:

Parent/Guardian Name:					
E-Mail Address:					
Home Ph:		Work Ph:		Cell Ph:	
Add'l Emergency Contact:				Relationship:	
Home Ph:		Work Ph:		Cell Ph:	
Family Doctor:				Doctor's Phone:	

ALLERGIES: (List all known)	Allergen	Reaction	Management
Medication			
Food			
Other			

MEDICATIONS BEING TAKEN: Please list all medications (including over the counter or non prescription drugs) taken routinely. Bring enough meds to last the entire camp. Keep in the original packaging that identifies the prescribing physician (if prescription), and the name of the medication.
This person takes NO medications on a routine basis (circle one) Yes No

This person takes medications as follows:	Med 1	Dosage	Frequency	Reason
	Med 2	Dosage	Frequency	Reason

GENERAL QUESTIONS: (Circle Yes or No, and explain additional information on separate sheets)

Ever been hospitalized?	Y	N	Ever had surgery?	Y	N	Have frequent headaches?	Y	N
Ever had a head injury?	Y	N	Ever had ear infections?	Y	N	Ever had back problems?	Y	N
Skin problems? (e.g., itching, rash, acne)	Y	N	Have asthma?	Y	N	Had mononucleosis in the last 12 months?	Y	N
Had problems with diarrhea/constipation?	Y	N	Ever had an eating disorder?	Y	N	Ever had emotional difficulties for which professional help was sought?	Y	N

PROGRAM DETAILS: Check the front of this flyer for the equipment included in your camp fee

Name of Local Sponsoring Organization	AYSO Region 42
Name of Camp Program:	
Date:	
Time:	

EQUIPMENT: Check one, if applicable

Shirt YS YM YL AS AM AL AXL **Ball** 3 (5-7 yr) 4 (8-11 yr) 5 (12+)

RELEASE. This release is made to allow my child to participate in MLS Camps and its sponsored events. I recognize that my signature on this release is a condition of your permitting my child to participate. I agree that you may photograph and/or videotape my child during camp and its sponsored events and that you retain the rights to use these visual images in any manner you wish without compensation to my child. I further agree that you may use and license others to use my child's name, voice, likeness, and any biographical facts which may have been provided to you, including advertising and promoting the camp and its sponsored events. I certify that my child is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the soccer to be played at camp. I certify that there are no physical limits to my child's participation in the camp and its sponsored events. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and discharge Major League Soccer Camps, Major League Soccer, L.L.C., and all their affiliated entities from any and all liability, claims, demands, and causes of action for personal injury, property damage, and / or other loss suffered by my child in connection with his / her participation in the camp and its sponsored events. I represent that I am a parent / guardian of the minor named above and I agree that the grant and release contained therein binds me and the minor to all of its terms.

Parent/Guardian Signature _____

Date: _____