

Insurance Protection Waiver

I, _____, _____
Name Parent/Guardian Participants name

Do hereby declare that I am aware of the required insurance coverage specified and it is available through my insurance carrier. My child has medical Insurance in the amount of at least \$1500 administered by _____ Insurance Co. _____, which will provide coverage for medical and Policy # _____ hospital expenses resulting from accidental and bodily injury while practicing in the Soccer camp.

Therefore , I hereby release any personnel associated with Falcons Soccer Camp from any and all responsibility to provide insurance. I will Notify the staff of any change or lapse in the above policies immediately.

X _____ Date _____
Signature of Parent /Guardian

Emergency Contact _____

Emergency Cell # _____

Falcons soccer Camp



July 8th -11th

Monday-Thursday

***Scripps Ranch High School
Stadium soccer Field ***

8:30 am -11:30 am boys

High School Fundraiser

Advanced players

8th-10th Graders in the fall of 2019

\$160.00

Includes- Coaching , T-shirt, pizza party

~Coach~

Hans Witzell
Boys Coach at Scripps Ranch High
School for 16 seasons
CIF Champ 2004
9 Eastern League Championships

High Level training,
Professional coaching,
Improve - skills , mental approach , shooting
and scrimmages.

Participation is Voluntary

Questions:
Boys- Soccerhans@cox.net

Name: _____

Address: _____

Phone Number: _____

Email: _____

Grade in Sept.2019 8th ___ 9th ___ 10th ___

Make Check Payable To "Scripps Ranch High
School Boys Soccer " \$160

For Boys:* SRhs Attn. Boys soccer

Please Mail Application To :

Postal Annex
SRHS Athletics
9984 Scripps Ranch Blvd.
BOX 157

*****Please Include Waiver: *****

