

# "TINY TOTS" SOCCER CAMP

**DATES: AUGUST 3-6 Mon - Thurs ♦ \$80 Per Player**

**LOCATION: San Diego Miramar College Gym**

Camp will be held inside of the gym on a basketball court. Tennis shoes only, no cleats allowed.

**TIMES: Ages 3-4 from 9-10:30 ♦ Ages 5-6 from 10:30-Noon**

**LEARN: 1. DRIBBLING 2. SHOOTING 3. PASSING 4. SHARING 5. GAMES**

**Each participant will receive a camp shirt!**

**\*\*OUR GOAL IS TO TEACH SOCCER SKILLS IN A FUN, NON-COMPETITIVE, EDUCATIONAL ENVIRONMENT. WE PROVIDE BALLS AND GOALS. JUST WEAR FLAT SOLED SHOES AND BRING WATER.**

For more information visit [WWW.619FUTSAL.COM](http://WWW.619FUTSAL.COM). Space is limited.

**Questions? CONTACT TODD BERNARD 619-507-1156**

**\*\*Presented by 619 Futsal and San Diego Sports Camp\*\***



## REGISTRATION

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Food Allergies: \_\_\_\_\_ T-shirt size \_\_\_\_\_

I hereby give permission for my minor child to participate in the 619 Futsal /San Diego Sports Camp Summer Camp. I recognize that the minor child will be participating in activities which may expose the child to some level of risk of injury and that the minor child will be participating at his/her own risk. I agree to and hereby hold harmless 619 Futsal and San Diego Sports Camp, its officers, directors, and employees against loss(including reasonable attorneys' fees) from any and all claims or causes of action of any kind or nature that may be brought by or on behalf of the said minor child or by me arising out of any and all known or unknown, foreseen or unforeseen bodily or personal injuries, damages to property and consequences thereof which may be sustained by the said minor or by me arising out of or in connection with the Camp. I agree to indemnify 619 Futsal and San Diego Sports Camp for all loss and damage to the premises, facility or equipment caused by my minor child. The camp may use images of my child for publicity and advertising purposes.

Parent's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Mail Completed form and registration fee to: 619 Futsal, Post Office Box 262612, San Diego, Ca 92196

Make checks payable to "619 Futsal"