



## Camp & Clinics Registration Form

Please fill out the following information and return with a check to: SC del Sol PO Box 30662,  
Phoenix, AZ 85046-0662

Name of Player \_\_\_\_\_ Gender \_\_\_\_\_ Age at camp \_\_\_\_\_ DOB \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mom name \_\_\_\_\_ Dad name \_\_\_\_\_

Mom cell \_\_\_\_\_ Dad cell \_\_\_\_\_

Mom email \_\_\_\_\_ Dad email \_\_\_\_\_

Name of current team/club (if any) \_\_\_\_\_

### Choose your Camp & Clinic:

#### Winter Camp | Dec 19-22, 2022:

\_\_\_ \$140 (4-days)

\_\_\_ \$80 (2-days)

\_\_\_ \$40 (1 day)

#### MLK Day Clinic | Jan 16, 2023

\_\_\_ \$40 (1 day)

#### Spring Break Camp | Mar 13-16, 2023

\_\_\_ \$140 (4-days)

\_\_\_ \$80 (2-days)

\_\_\_ \$40 (1 day)

**Total amount \_\_\_\_\_ Balance owed \_\_\_\_\_**

(The balance must be paid 2 weeks prior to the start of the camp)

I certify that my child \_\_\_\_\_ is in good health and may participate in all activities related to the soccer camp. I am aware that soccer is a physically challenging contact sport in which injuries do occur as a natural part of the game. I have read and completed the Medical Release form. I agree to hold SC del Sol, its agents, contractors harmless from all injuries sustained to my child during participation in camp. I grant permission for my child to receive emergency medical treatment if required. Permission is granted to SC del Sol to use any photographs or video footage of my child in any promotional literature.

**Refunds: Once the balance is paid there are no refunds. A credit will be given that can be used at any time during the 2023 or 2024 season. There is no refund for any player who has to leave camp early for whatever reason.**

I understand the refund policy (please initial) \_\_\_\_\_

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

All relevant camp & clinic information can be found on our website:

[www.scdelsol.com](http://www.scdelsol.com)

If you have any questions about camp please do not hesitate to contact Andy Ward @ 480.310.3554  
or [andyward@scdelsol.com](mailto:andyward@scdelsol.com)