

NEW TO LA JOLLA ELEM!!

Run by Coach Craig Hyde of the German Soccer Academy

SAN DIEGO SPORTS ACADEMY

A FUN After-School SPORTS Program at La Jolla E. S. for BOYS and GIRLS, K - 5th

7 sessions (90 minutes each) on Wednesdays, 3/3, 3/10, 3/17, 3/24, 4/7, 4/14, 4/21, 1:05 to 2:35
Registration fee: \$105

SIX DIFFERENT SPORTS - Soccer (*of course!*), Basketball, Dodgeball, Handball
German Basketball (a variation of kickball & basketball) and Wiffleball

also with fun warm-ups including relay races, speed & agility ladders and Steal the Bacon

REGISTRATION INSTRUCTIONS:

1. Call (619) 574-7762 or email craighydesoccer@yahoo.com to reserve a space in the class.
2. Mail registration form / waiver (below) and **\$105** fee to: Craig Hyde, 5605 Vale Way, S. D., CA 92115 or bring to LJES office. Cash or checks, payable to Craig Hyde or German Soccer Academy, accepted.

GERMAN SOCCER ACADEMY Waiver and Release of Liability – PLEASE READ CAREFULLY!

In consideration of being allowed to participate in the San Diego Sports Academy program, I acknowledge and agree that:

- 1) The San Diego Sports Academy does not maintain health insurance for the participants involved in this program.
- 2) By participating, my child risks bodily injury (bodily contact is very common), including paralysis and death, and/or damage to property.
- 3) I knowingly and freely assume all such risk for myself and/or child.
- 4) I release and hold harmless and promise not to sue the San Diego Sports Soccer Academy, the City of San Diego, partnering agencies, or any of their respective officers, agents or employees with respect to any and all injury, paralysis, death or loss except that injury or loss which results from gross negligence or willful or wanton misconduct of one of those individuals or organizations.
- 5) I agree to inform my child that he/she must follow the code of ethics for participants, all safety rules, as well as any others given at the clinics.
- 6) I hereby authorize and give consent for medical care to be given in an emergency situation to my child while he/she is participating in the S.D.S.A. clinics.
- 7) This agreement is binding on my spouse, heirs, next of kin and personal representatives.

School: _____

Name: _____ Teacher: _____ Grade: _____

Parent's Name: _____ Phone #: (____) _____

After the sports program ends, child will be (circle one): **picked up** or **taken to After-School Care Program**

E-Mail Address: _____

Parents Signature: _____

Emergency Contact Name _____ Phone _____