

Please fill out this information and return this form, medical release, and check to complete registration.

Student name: _____

Address: _____

Phone: _____

Email: _____

(Email is needed if available to send out any last minute info as well as to send links to camp photos)

School in fall: _____

Grade in fall: _____

Student's age: _____

How did you hear about the camp? (name of player/newspaper)

Bring: shin guards, soccer shoes, plenty of water , shorts and t-shirt.

Del Mar High School 1224 Del Mar Ave. San Jose, Ca 95128

I understand that images of my son(s) may be used on the Del Mar Boys Soccer Website and/or in camp information that is distributed in the future.

Parent/guardian signature: _____

Completed form, release, and fees should be mailed to:

Del Mar Boys Soccer Camp
2431 Quantico Ct.
San Jose Ca 95128
408-406-5467
Coach Greg Vasquez

Please make checks out to **DEL MAR HIGH SCHOOL**