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| **THOUSAND OAKS GIRLS SOCCER CAMP(S)\***  Players will be placed into different environments to test their small sided and big sided playing ability while introducing technical skills during the sessions. There will be themes of the day that will help players focus on different aspects of their game. Players need to be fully equipped with soccer gear and a light lunch with plenty of hydration each day. This camp will help introduce incoming 9th graders to their fellow teammates and coaching staff. This camp is also open to 8th graders and current Lancers in the Soccer program.  **DATES**: July 17th – July 20th  **TIME**: 9:00 AM to 11:00 AM  **PLACE**: Thousand Oaks High School Stadium  **Donation**: $100.00 Donation (Registration will be available online and is preferred. Same day registration is allowed.)  **DATES**: August 7th – August 10th  **TIME**: 11:30 AM to 1:30 PM  **PLACE**: Thousand Oaks High School Stadium  **Donation:** $100.00 Donation (Registration will be available online and is preferred. Same day registration is allowed.)  \*Summer camps are optional and are not a requirement for school year participation.  Athlete’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_\_  Soccer Experience: No \_\_\_\_\_Yes \_\_\_\_\_\_\_\_  If yes, how long:\_\_\_\_\_\_\_\_\_  Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Athletes e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent’s e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **AUTHORIZATION TO TREAT MINOR**  I (We) the undersigned, parents or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor, do hereby  Authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or specific supervision of any member of the medical staff and emergency room staff licensed under the provisions of the medical practice act and on the staff of any acute general hospital holding current license to operate a hospital from the State of California Department of Health. It is understood that this authorization is given in advance if any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of their best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Sec 25.8 of the civil code of California.  List any restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Allergies to Drugs or Food: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_  Insurance Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Emergency Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |