



CHALLENGER SPORTS BRITISH SOCCER CAMPS

A week of quality soccer instruction exclusively for the players in your community!

Over the past 20 years Challenger's vast army of British coaches have helped hundreds of thousands of boys and girls learn, improve, master and fall in love with the sport of "soccer".

Challenger is excited to bring one of their high quality coaching schools to the **Osher Marin JCC**.

The week long programs are conducted on local facilities and each will contain Challenger's own brand of innovative practices; small sided games; camp world cup; cultural education; character building; and FUN!

- British Coaching Staff
- Individual skill development
- Daily World Cup style Tournament
- Fantastic cultural experience
- Free Soccer Ball & Camp T Shirt
- Host your own British coach - call now for more info!
- Times: 9:00am -12:00pm; Golden Goal M-TH 12:30pm-2:30pm



Receive this great looking Challenger jersey value \$39 for free if you register online at least 45 days prior to camp!

Osher Marin JCC

Camp Dates

- Grades 1 -4 **Week 0: Jun 15th - 19th**
- Grades 1 -4 **Week 9: Aug 17th - 21st**

Member / Public
 \$130 / \$150
 \$130 / \$150

- Golden Goal
- Golden Goal

Member / Public
 \$30 / \$35
 \$30 / \$35

Register online www.challengersports.com

OR submit this registration to:

Checks payable to **Osher Marin JCC**
 Coordinator **Attn: Camp Office**
 Mail to **200 N San Pedro Rd.; San Rafael, CA. 94903**
 Telephone **415-444-8055**
 Email **swainer@marinjcc.org**



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Camper name _____

T Shirt YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ XL _____

Ball Size 3 (U8) _____ Size 4 (8-12) _____

Person Responsible for Camp Fees:

(Print) _____

Address _____

City _____ St _____ Zip _____

Phone _____

email _____

Phone number _____

****All cancellations are subject to \$50 non refundable deposit.**

*****No refunds for cancellations less than 7 days prior to camp.**

Payment in Full - Camp Fee enclosed \$ _____

Payment Method:
Visa/Mastercard #: _____

Exp: _____ Authorizing Signature: _____

Check Enclosed: Check # _____
 I hereby release Challenger Sports and any hosting organization from any and all claims and liability of any kind of personal injury or property damage due to participation in this camp. I understand that participation in sports camps include physical contact and certify that my child is in good health and able to participate in all activities. I agree to notify the coaching staff of any preexisting medical or psychological conditions. If attention is required for illness or injury, I give my permission to a staff member for such care. I give my consent for my child to be photographed or video taped while participating in camp activities and for the resulting images to be used by Challenger Sports for promotional purposes

Signature of parent _____ date _____

PLEASE READ & SIGN

**RELEASE OF LIABILITY
& PARENTAL CONSENT
FOR TREATMENT OF A MINOR**

Parents/guardians must read this section and then sign below.

I request and authorize that my child be allowed to participate in the Summer Camp program of the Osher Marin Jewish Community Center ("JCC"). I understand that the JCC does not provide any accident or health coverage for its members or guests. I further understand that it is the responsibility of every individual participant, his or her parents, or his or her legal guardian to provide for his or her own accident or health coverage while participating in all JCC activities. In the event of an emergency or need for medical treatment, and I cannot be reached, I authorize the Executive Director of the JCC or his/her authorized representative to consent to any medical treatment and/or hospitalization rendered to my child. I understand and agree that I will be responsible for the cost of such medical treatment.

I understand and fully accept that there are risks of physical injury involved in some camp sports and activities, and that accidents and injuries are common and ordinary occurrences of camp sports and activities. In consideration of my child being allowed to participate in JCC activities and programs, I hereby, on behalf of myself and my child, waive, release, relinquish and hold harmless the JCC and their agents and representatives, group leaders or group chaperones from any and all claims of loss, injury or damage to myself or my child, whether the result of active or passive negligence or other legal fault, which may now or hereafter occur and whether on or off the JCC premises, arising from or related to my child's participation in or presence at the JCC Summer Camp. My child has permission to ride in any necessary transportation arranged by the Osher Marin JCC. I grant permission for my child to participate in all summer camp activities and I hereby authorize the JCC to use photographs, videos, likenesses or testimonials of my child for JCC marketing purposes unless otherwise indicated in writing. My child has permission to go on all field trips and camp overnights.

I acknowledge and agree that this general release of liability and consent is binding upon me personally as well as in my capacity as the parent or guardian of my child, and on my heirs, personal representatives, successors and assigns.

I have read the above Release of Liability & Parental Consent for Medical Treatment of a Minor and grant permission for my child's participation with such understanding and agreement.

Signature of Parent or Guardian

Relationship

Date

COMPLETE BOTH SIDES OF THIS APPLICATION

CONTACT INFORMATION/RELEASE & CONSENT FORM

Camper's Last Name _____ First Name _____ Nickname _____
Grade in Fall '09 _____ Birth Date _____ Male Female
School Attending _____

Camper lives at this address.

Parent 1: Name _____
Day Phone _____ Evening Phone _____
Cellular _____ Pager _____
Email requested _____
Address _____
City _____ ZIP _____

Camper lives at this address.

Parent 2: Name _____
Day Phone _____ Evening Phone _____
Cellular _____ Pager _____
Email requested _____
Address _____
City _____ ZIP _____

LOCAL EMERGENCY CONTACT INFORMATION (not parents):

Name _____ Relationship _____
Day Phone _____ Evening Phone _____ Cell/Pager _____

MEDICAL INFORMATION:

Insurance Company _____ Policy No. _____
Doctor's Name _____ Phone _____

List any medical conditions we should know about such as hospitalizations, operations, serious illnesses, dietary restrictions, activity limitations, **allergies** and/or any medications this child takes regularly:

For First Aid, my child may receive: Acetaminophen Ibuprofen Benadryl Sunscreen

Has your child had the up-to-date full series of childhood immunizations? Yes No

Immunizations: Fill in date of last Tetanus shot _____ (required)

Does your child suffer from any of the following: Asthma Frequent Ear Infections
 Heart Problem Seizures Diabetes Other _____

Allergies: Hay Fever Insect Sting Penicillin Foods _____ Other _____

List any special healthcare, learning or social needs your child may have.
Please call the Camp Administrator for an appointment to discuss these needs **before** camp begins.

My child will arrive by Car Bus Foot Bike
My child has permission: To leave camp alone Yes No / Walk home from bus stop alone Yes No

The following persons are authorized to sign out my child (including sitters, siblings & friends):

Please attempt to place my child with the following campers:

My child is a returning camper new camper to the JCC this summer first-time camper at any camp

Camper's T-shirt size: Kids: Small Medium Large Adults: Small Medium Large

