



ATTACK SPRING BREAK PLAYER DEVELOPMENT SOCCER CAMP

This camp is designed for the ambitious player, Recreational or Competitive, committed in their development to the dynamic ball-possession style of the modern game. The themes will include improving ball mastery, possession with purpose to attack, creativity in the final third, goal scoring, defensive intensity and maintaining a composed but aggressive mindset. The player will leave the camp with enhanced fundamental technique, improved game intelligence and inspired to play with greater confidence.

This camp is for both recreational and competitive players. Come ready to work with like-minded, high-level players, and a desire to improve your game. Bring water, shin guards, and please wear a white or light gray shirt each day.

We will also share knowledge of modern nutrition, visualization, proper rest and performance preparation.

- Dates:** April 2-5 or April 9-12
 - Field:** RSF Sports Field
16826 Rambla de las Flores, RSF
 - Time:** 9:30 to 12:00 PM
 - Cost:** \$175 (or \$50 per day)
 - Ages:** Birth year 2011 and Older players
- Scholarships available.*

**Camp sessions will be conducted by
Nate Hetherington and other
members of the Attack
professional coaching staff.**

Register online at www.rsfsoccer.com or by using the form below.

April 2-5 April 9-12

Player Name _____ Birth Year _____

Address _____ City _____ Zip _____

Emergency Contact _____ Phone _____

Email _____

MEDICAL RELEASE / CONSENT FOR MEDICAL TREATMENT/REFUND POLICY – I agree to the following: 1) To abide by the rules of Cal South and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Cal South accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Cal South, its affiliated organizations and sponsors, their families and associated personnel, including the owners of fields and facilities utilized by the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. 2) To hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. No refunds will be given once the camp has begun. Only partial refunds will be given once application has been accepted.

Print Name of Parent/Legal Guardian Signature of Parent/Legal Guardian Date

Make checks payable to **RSF Soccer** and mail your form to:
Rancho Santa Fe Youth Soccer, 616 Stevens Avenue, Suite M, Solana Beach, CA 92075.
If you have any questions, please call 760-479-1500.

Office Use

Date Received: _____ Check #: _____ Amount: \$ _____