



Ian Russell Soccer and Metro P.A.L. Youth Soccer are pleased to offer an exclusive camp to further develop your soccer skills for the 2008 season



Ian Russell is the assistant coach of the San Jose Earthquakes and played for them for 6 years, winning MLS cups in 2001 and 2003. Metro P.A.L. Youth Soccer is pleased to be partnering with Ian Russell Soccer to offer a special camp, **open only to P.A.L. players registered for the 2008 season**. Ian is teaming up with other professional soccer players to bring you this opportunity. All of these coaches are highly motivated and will be very interactive with your child. This 3 day camp will involve circuit training that has proven to be beneficial for all levels ranging from novice to advanced.

Age groups from under 8 years to under 18 years are welcome to register. SPACE IS LIMITED and open only to registered P.A.L. soccer participants.

Registration fees include soccer ball and Ian Russell Soccer camp T-Shirt!!!

Camp will be held at P.A.L. Stadium

Tue Aug 19th thru Thu Aug 21st

680 S. 34th Street, San Jose, CA. 95116

U8 4:00 - 5:15 PM / U10 - U18 5:30 - 7:00 PM

For more information please contact your P.A.L. coach or MPYSL Commissioner

Childs Name: _____ Age: _____ District: _____

Address: _____ City: _____ Zip: _____

Phone: _____ e-mail: _____

Emergency Contact: _____ Phone: _____

I, as parent/guardian of said candidate/minor, hereby give permission for him/her to participate in any and all the of the sponsors and associations activities, and agree to release, indemnify, and hold harmless the association and conference including but not limited to it's organizers, sponsors, supervisor, leaders, participants, officials, coaches, and other agents or representatives including persons of said minor, from any and all claims arising out of injury to the above said minor except to the extent of, and in the amount of insurance coverage held by the association.

I/we understand that the Soccer Camp I am registering my son/daughter for is exclusive for Metro P.A.L. Youth Soccer (MPYSL) and that I have enrolled my son/daughter up for said program. I understand that this is a MPYSL endorsed camp and an additional part of the program and that in signing the registration form that I/we are familiar with the P.A.L. Accident Insurance Coverage in which will apply for this function.

Do you have HEALTH/GROUP Medical Insurance Yes [] No [] Carrier _____ or MEDI-CAL # _____

Emergency Medical Authorization: I as the parent /guardian of said minor, I do hereby authorize and direct the said association to act as agent for me to consent to and obtain medical, surgical, dental treatment and/or examination, anesthesia, medical or surgical, or dental treatment that is considered necessary by the attending physician or dentist. I understand that in an emergency, reasonable efforts will be made to notify me.

Parent/Guardian Print

Signature

Date

Under 8 Program 4:00 PM to 5:15 PM \$75.00

Under 18 Program 5:30 PM to 7:00 PM \$95.00

Total Due: _____

Check Check No. _____
 Cash

Payment accepted by: _____

Date Paid _____

2 easy ways to participate in this great opportunity!

Sign up for Camp when you register for the 2008 Fall Soccer Program.

Complete this form and mail with a check payable to:

**Ian Russell Soccer
P.O. Box 4768
San Jose, CA. 95150-4768**