



FOUR FREE SESSIONS for the 2015-2016 Season

Age Group	Date(s) and Time	Location
<p>GU07 – born on/after 8/1/08</p> <p>GU08 – born on/after 8/1/07</p> <p>GU09 – born on/after 8/1/06</p> <p>GU10 – born on/after 8/1/05</p> <p>GU11 – born on/after 8/1/04</p> <p>GU12 – born on/after 8/1/03</p> <p>GU13 – born on/after 8/1/02</p>	<p>Friday 27th February</p> <p>Friday 6th March</p> <p>Friday 13th March</p> <p>Friday 20th March</p> <p>6:00pm – 7:15pm</p>	<p>La Habra High School</p> <p>801 Highlander Avenue, La Habra, 90631.</p>

Fill out the form to register:

Player's Name:

Date of Birth:

Parent's Name:

Email:

Parent's Phone #:

For more information please contact:

Rob Fisher: Director of Coaching

(949) 419 – 4506 acerjf@hotmail.com

Liability waiver and consent for medical treatment for a minor

I, the **parent/guardian** of the player, acknowledge that participation in the activity provided may result in injury. The undersigned **parent/guardian** therefore releases SC Revolution Inc.(California non-profit corporation), its coaches, directors, and players from all liability or responsibility for any claim, damage, or legal action on behalf of the player or the player's parents, heirs, or personal representatives involved. As the **parent/guardian** of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

PARENT/ GUARDIAN SIGNATURE: