



CAPISTRANO COMMUNITY EDUCATION

http://community-ed-capousd-ca.schoolloop.com



# 2010 ALISO SOCCER Boys CAMP

**For Incoming Freshman & Returning ANHS Players**

**\*\* Highly recommended, but not required for players trying out for ANHS Boys Soccer Teams \*\***

**Camp Directors: Randy Dodge, Jesus Miramontes**

**When: Monday, June 28th - Thursday, July 1st**

**Time: 4:00pm to 7:00pm**

**Where: Aliso Niguel High School Stadium**

**Registration #: 9111502**

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## CAMP HIGHLIGHTS

Competitive 11-v-11 Games

Instruction in all Facets of the High School Soccer Game

Exposure to Aliso Niguel High School Soccer Coaching Staff

Camp T-shirt for Every Player

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**Camp fee:** \$100 (Check payable to CUSD)

**Materials fee:** \$75 (Check payable to Aliso Soccer Camp)

**Send Checks to:** Aliso Soccer Camp

11 Brookstone

Aliso Viejo, CA 92656

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### Boys Aliso Soccer Camp Insurance Waiver

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Player's Cell:** \_\_\_\_\_ **Parent's Cell:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Allergies or Known Health Issues:**

**Grade in Fall '10 (circle):** 9 10 11 12 **T-Shirt Size (circle-adult size):** S M L XL

I/We the parent(s) or guardian(s) of the above-named child, hereby release, absolve, indemnify and hold harmless the Capistrano Unified School District, Aliso Niguel High School, Randy Dodge, Jesus Miramontes, Aliso Niguel Boys Soccer Booster Club, and Aliso Soccer Camp 2010 for any injuries or damage that may be received or caused during the stated camp. I/We assume all risks and hazards incidental to the conduct of camp activities. I/We do hereby acknowledge that the above-named child is covered our family health insurance plan.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For More Information, Please visit [www.alisosoccercamp.com](http://www.alisosoccercamp.com)**

The 2010 Boys Aliso Soccer Camp is Sponsored by the Aliso Niguel Boys Soccer Booster Club. Not Printed at CUSD Expense

## 4 WAYS TO REGISTER

**MAIL:** Capistrano Adult School, 31431 El Camino Real, San Juan Capistrano, CA 92675

**FAX:** 949-489-1421 must include credit card information. (MasterCard or Visa only)

**DROP-OFF:** CUSD Adult School 31431 El Camino Real, San Juan Capistrano.  
 Mon-Th 9am-6pm Fri 9am-1pm.  
 Summer Hours 8:00-2:00 Mon-Thur

**ON-LINE :** Go to <http://community-ed-capousd-ca.schoolloop.com/> to register.

### SORRY, NO PHONE REGISTRATIONS

1. Completely fill out Registration form below.
2. Confirmation will be mailed ONLY if you provide a self- addressed stamped envelope
3. Include check made out to CUSD, or fill out credit card information (MasterCard or Visa only)
4. Please mark your calendar with class information. You will be called if your requested class is full or cancelled.

**REFUND POLICY:** Minimum enrollment is required. If a program is cancelled, the registration fee will be refunded. We will accommodate requests for changes in scheduling when we can. No refunds after classes begin. Students may request a refund in writing 3 DAYS PRIOR to class start. An administrative fee of \$10 will be charged for all refunds. The \$10 administrative fee will be waived if refund is given as a voucher. No cash refunds will be issued. Refunds by check require four weeks for processing. A \$25 fee will be charged for returned checks.

There are no pro-rated fees or refunds for missed days.

**COMMUNITY EDUCATION REGISTRATION**  
**Capistrano Unified School District**  
**FEE BASED PROGRAMS**

<b>Payment: Cash</b>	<b>\$</b>
<b>Check</b>	<b>\$</b>
<b>Credit Card</b>	<b>\$</b>

**PLEASE PRINT** **NO REFUNDS**  
 Incomplete Forms will not be processed.

Student Last Name	First Name	Initial	Date
Address (No. & Street)		City:	Zip:
Home Phone:		Fax:	Work Phone:
Cell Phone:			
Parent's name (if student is a minor)			Student Date of Birth:

**In case of emergency notify: Name, Address & phone**

Course #	Course Title	Day	Time	Fee	Location	Teacher
9111502	Boys Aliso Soccer Camp	6/28/2010 thru 7/1/2010	4:00pm - 7:00pm	Class \$100 Mat \$75	ANHS	Randy Dodge

<b>ONLY VISA OR MASTERCARD CREDIT CARDS</b>	<b>VISA OR MASTERCARD ONLY</b> Account No. _____ - _____ - _____ - _____	Expiration Date: _____
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**Credit Card Authorization Signature:** \_\_\_\_\_