



NORTH COUNTY Field Hockey Camp

JUNE 15th-18th

Monday-Thursday

4-7pm Hockey under the lights

GRADES: 3rd-incoming 9th

WHERE: Torrey Pines High School Turf Stadium
3710 Del Mar Heights Road
San Diego, CA 92130

WHAT TO BRING: Shin guards, mouth guard, water, field hockey stick, tennis shoes/cleats are okay. (sticks will be provided if you do not have one)

COST: \$150.00 per player and includes a backpack
**Scholarships are available, contact Coach Kari DiGiulio:
kari.digiulio@sduhsd.net

COACHING STAFF:

The coaching staff for the camp will be provided by collegiate field hockey players, members of the 2008 CIF Championship Torrey Pines team, and 2008 North County Coach of the Year, Torrey Pines Head Coach, Kari DiGiulio. Coach DiGiulio brings her knowledge of the game from her 8 years experience as a Varsity high school coach and as a former DIV. 1 player. The camp will focus on the game of field hockey, rules, basic skills, as well as individual and team skills. This camp is great for new players, as well as those who have played junior high and are trying out for a high school team in August.

TO REGISTER: Please fill out the registration form below and mail to:

TPHS Foundation: Falcon Field Hockey Camp

PO Box 2489

Del Mar, CA 92014-1789

(Make check payable to: ***TPHS Foundation: North County Field Hockey Camp***)

PARENTAL CONSENT FOR _____ NC FIELD HOCKEY CAMP _____
Name of Activity

As the parents or legal guardian of the child **(Participant) named below**, I hereby give my full consent and approval for my child to participate in the camp, clinic or tournament of the Torrey Pines High School Foundation.

I authorize the Torrey Pines High School Foundation to use any photograph or article about my child for publicity purposes. I understand that violation of camp, clinic or tournament rules may result in dismissal from the camp, clinic or tournament with all fees/tuition forfeited. Additionally, I/We have read, understand and agree to the Torrey Pines High School Foundation refund policy.

I/We understand that the Torrey Pines High School Foundation carries the Group Accident Insurance Coverage for medical and hospital expenses, with a given deductible and a specified maximum for each accident incurred. The camp, clinic or tournament is considered as secondary, when there is a valid collectable coverage provided by the parents separate insurance. In executing the foregoing I/We undersigned hereby acknowledge and represent that: (A.) I/We, understand that any claim for medical service which arises out of injury must be reported to the camp insurance administrator, immediately and within THREE (3) DAYS of the date of injury; (B) I/We have read the foregoing release and understand it, and sign it voluntarily. I/We understand that my Registration Fee or other sum paid does not constitute payment for insurance.

In the event of an emergency in which my child requires medical care, I authorize the staff of Torrey Pines High School Foundation's above listed activity to act for me and to obtain for him/her whatever medical treatment the staff, in its best judgment, deems necessary and appropriate. I specifically consent to such treatment, but not limited to, hospitalization and surgery and will be responsible for any medical or other charges in connection with his/her attendance at the camp, clinic or tournament.

Please list any physical or emotional limitation(s) your child may have (allergies, sight, asthma, heart murmur, high blood pressure, etc.)

RELEASE AND WAIVER

I understand that there are certain risks of injury inherent in participating in the camp, clinic or tournament sessions, as well in traveling and other activities incidental to my child's participation in same and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below. I further acknowledge that my child will be participating in activities that may involve, among other things physical contact of the body with other persons or objects including the ground, that at the camp my child may incur a risk of injury. I specifically waive and release Torrey Pines High School Foundation, Torrey Pines High School and San Dieguito Union High School District, their lessors, sponsors, directors and staff from any liability for any claim for damages which I/We or my child may have for injuries or illness that he or she may sustain, whether the result of gross negligence or any other causes.

Waiver of California Civil Code S1542.

In furtherance of the foregoing releases, the parties expressly waive any and all rights and benefits conferred upon them by the provisions of Section 1542 of the California Civil Code, which provides:

“A General Release does not exceed to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.”

The settling parties each acknowledge that they have discussed with their attorneys the significance and effect of waiving the provisions of Section 1542 of the California Civil Code, an warrant that this waiver is informed, knowing and voluntary.

_____ Print Name of Participant	_____ Age	_____ Date of Birth
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_____ Mailing Address	_____ Zip	_____ Home Phone
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_____ Parent/Guardian Signature for Consent, Release & Waiver	_____ Date	_____ Print Parent/Guardian Name
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Cell or work phone of above Parent/Guardian during activity _____