



# KAI O. HAASKIVI SOCCER ACADEMY

## 2010 WINTER BREAK CAMP

HOSTED BY THE BRADEN RIVER SOCCER CLUB

Join Kai and his staff on the soccer fields during winter break.  
Sessions are designed for players of all skill levels.  
Players have fun while parents prepare for the holidays.

**Boys and Girls**

**Ages: 8 -14**

**Date: December 20 – 23**

**Time: 9:00am – Noon**

**Location: Lakewood Ranch Park (home fields of the Braden River Soccer Club)**

**Cost: \$75 per camper\***

**\*\*\*\*\*SPACE IS LIMITED – REGISTER NOW\*\*\*\*\***

\*Sibling discounts available

### INFORMED CONSENT, MEDICAL RELEASE AND PARENTAL RESPONSIBILITIES

**Informed Consent:** I, \_\_\_\_\_, the parent/guardian of the registrant agree that we will abide by the rules of the Braden River Soccer Club, the state association (FYSA) and all its affiliated organizations. My/our child wishes to participate in soccer during this camp. I/we realize risks are involved in my/our child's participation. I/we understand that the risk to my/our child includes full range of injuries from minor to severe and the result could be death, paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation.

**Medical Release:** As parent or guardian of the registrant, I hereby give my consent for emergency medical and/or dental care as deemed necessary by a duly licensed dentist, physician, emergency medical technician, certified trainer or health care professional. This care may be given under whatever conditions are necessary to preserve life, limb or well being of that minor child. I further agree to be responsible for payment for such treatment and hold the Kai O. Haaskivi Soccer Academy and Braden River Soccer Club and its staff free from liability.

**Waiver of Liability:** As parent or guardian of the registrant, I hereby waive any right, title, or interest in any claim of liability that I may have as a result of my child's participation in the above mentioned camp against Braden River Soccer Club, Inc, Kai Haaskivi, or anyone associated with Braden River Soccer Club, Inc. or The Kai Haaskivi Soccer Academy.

**Payment & Fee Responsibility:** I agree to pay the registration fees determined by the Kai O. Haaskivi Soccer Academy and BRSC for the program my child is being registered for.

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME: \_\_\_\_\_

CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Make checks payable to BRSC and mail to:

Braden River Soccer Club, 11523 Palmbrush Trail #212, Bradenton, FL 34202

1-866-717-BRSC (2772)

[www.bradenriversoccer.org](http://www.bradenriversoccer.org)