



# 2018 High School Summer Boys Soccer

Valley Christian boys soccer is running a summer indoor soccer program. We prefer indoor soccer because it's fast paced, competitive, limits need for high fitness levels, and the guys genuinely enjoy playing.

**Location:** Deft Touch Soccer Center, 3842 Catalina St, Los Alamitos, 90720

In order to respect the summer holiday, while accommodating our multi-sport athletes and club players, we're only going to play two weeks. We will start Tuesday, May 29 and conclude Friday, June 8.

**Dates/Times:**

Tue 5/29	8:30-10:30am	Tue 6/5	8:30-10:30am
Wed 5/30	8:30-10:30am	Wed 6/6	8:30-10:30am
Thurs 5/31	8:30-10:30am	Thurs 6/7	8:30-10:30am
Fri 6/1	8:30-10:30am	Fri 6/8	8:30-10:30am
Mon 6/4	8:30-10:30am		

The cost of the program will be \$125 dollars per player. This will cover the cost of the rental fees for the facilities. Athletes must have this money, along with a registration form into the high school athletic office before Friday, May 18th.

Considering that we are renting the facilities at Deft Touch Soccer Center, please have your athlete arrive 5 minutes before the start time to begin play. Players should be attired in shorts and flat athletic shoes (cleats are not allowed).

If you have any questions about the summer schedule or the program in general, please send me an email or call me. Also, if you know your son will not be able to attend on a given date, be sure to get in touch with me before hand, so I can adjust the training session accordingly.

**Questions?**

Coach Andy Andersen – andy.andersen93@gmail.com or (562) 472-3783

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*To register for high school summer boys soccer please submit this form and a check for \$125 (payable to VCHS) by May 18<sup>th</sup> to the VCHS Office.*

Student Name \_\_\_\_\_ Grade Entering \_\_\_\_\_  
 Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Cell/Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR**

I/we, the undersigned parent(s) of \_\_\_\_\_, a minor, do hereby authorize Valley Christian High School coaches or school officials as agent(s) for the undersigned consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provision of Section 6910 of the Civil Code.

Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Name of Insurance Company \_\_\_\_\_

Any Medical Conditions/Medications \_\_\_\_\_ Insurance Policy or Group # \_\_\_\_\_