

# 2017 SUNNY HILLS HIGH SCHOOL 2018

## Welcome To Lady Lancer Summer Soccer!

Dear SHHS Student-Athlete,

**\*Welcome** to the 31<sup>st</sup> annual Lady Lancer Summer Soccer Season. We are excited about the upcoming summer soccer league as we will be facing some great competition, will have an opportunity to meet the new players, and will have a chance to grow as a program.

**\*Everyone** is welcome to play summer soccer! Just come on out and we will get you started. ☺ Do not wait till school starts!!! Summer Soccer is the best way to try-out for the program. We are flexible with all scheduling conflicts (*vacations, club soccer, other high-school sports, etc*)

### **\*SHHS Summer Soccer Includes:**

- Opening DAY: Tuesday, June 13<sup>th</sup> @ SHHS 2-4pm (Bring Cleats & Running Shoes)
- Training/Practices: JUNE 22<sup>nd</sup>, 29<sup>th</sup> (@ Hydraflow Field from 2:00pm-3:30pm)
- Summer League Games @ Sunny Hills HS (7-8 games)
  - Summer League Dates: June: 6-14, 6-15, 6-16, 6-20, 6-23, 6-27, 6-30 July: 7-7
  - Tuesday Game Times: 2:00pm, 3:10, 4:20, 5:30, 6:45pm
  - Friday Game Time: 9:00am, 10:15am, 11:30am, 12:45, 2:00, 3:10, 4:20, 5:30, & 6:45pm

**A contribution of \$100.00 should be made to "SHHS Girls Soccer"**

### **To Be Cleared On Opening Day?**

Complete ALL 3 FORMS & GIVE TO COACH GORDON (June 13<sup>th</sup> is fine)

- \_\_\_ Athletic Participation FORM
- \_\_\_ Medical Release FORM
- \_\_\_ Registration FORM

To a great summer! ☺

Coach Jeff Gordon  
Cell: 714-863-8724  
[www.shhsgirlssoccer.com](http://www.shhsgirlssoccer.com)

**(Please Make \$100.00 check made payable to "SHHS Girls Soccer")**

Please return to: Coach Jeff Gordon 1801 Warburton Way Fullerton, CA. 92833



# 2017 Sunny Hills Summer Soccer

## Liability Insurance Statement/Medical Release Form

I understand that the purpose behind the Summer Soccer League is to give my daughter a chance to participate in an organized out of season competitive soccer program on the high-school level. I understand that soccer can be a dangerous sport and that bodily injuries to the self could and do occur through a person's participation, especially during soccer games, which are conducted on various types of field conditions. I will hold myself responsible to see that my daughter receives the proper physical check-up before entering her in the 2017 Summer Soccer League. I also understand that I \_\_\_\_\_ have given my daughter \_\_\_\_\_ permission and assume all responsibility for her participation in the Summer Soccer Tournament at Sunny Hills and other Schools.

I also give my permission for her participation in all practices to be held at Sunny Hills and other fields as needed. I understand that I am not covered by the Fullerton Joint Union High School District Insurance (which is an option during the regular season) and agree to not exercise my rights to hold the District or its officers, agents, employees, summer league coaches, and tournament directors responsible from every claim or demand made, and every liability, loss, damage, or expense, of any nature whatsoever; which may be incurred by reason of practice, transportation to practice, games, and transportation to games or any other accident related to the 2017 Orange County High School Summer Soccer League which will take place from June 1<sup>st</sup>, 2017, to July 31<sup>st</sup>, 2017 @ Sunny Hills High School.

I, \_\_\_\_\_, have read the *above information* and agree to enter my daughter in the above mentioned *soccer program*. Date: \_\_\_\_\_ Parents Signature \_\_\_\_\_

PLAYER'S NAME: \_\_\_\_\_ PARENTS' NAME: \_\_\_\_\_

CONSENT FOR MEDICAL TREATMENT (MINOR): I, the parent/guardian of \_\_\_\_\_ hereby give my consent for emergency medical care for my minor dependent prescribed by a duly licensed Doctor of Medicine and/or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my minor dependent during the summer of 2017 and their participation in the Orange County High School Soccer League.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_

Other name and number to be contacted: \_\_\_\_\_ ( ) \_\_\_\_\_