2020 SUNNY HILLS HIGH SCHOOL 2021 Welcome To Lady Lancer Summer Soccer!

Dear SHHS Student-Athlete,

*Welcome to the 34th annual Lady Lancer Summer Soccer Season. We are excited about the upcoming summer soccer league as we will have an opportunity to meet the newcomers and grow as a program. We will have Varsity, JV & FS teams participating. All PLAYERS WILL RECEIVE A SUMMER SOCCER T-SHIRT.

*SHHS Summer Soccer Includes:

- Opening DAY: Tuesday, June 9th@ SHHS Field 2-3:30pm (Bring Cleats & Running Shoes)
- Summer League Games @ Sunny Hills HS (7-8 games)
 - o Summer League Game Dates: June: 6-10, 6-11, 6-12, 6-16, 6-19, 6-23, 6-26, 6-30
 - o Tuesday Game Times: 2:00pm, 3:10, 4:20, 5:30, 6:45pm
 - o Friday Game Times: 9:00am, 10:15am, 11:30am, 12:45, 2:00, 3:10, 4:20, 5:30, & 6:45pm

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

A contribution of \$125 should be made to "SHHS Girls Soccer"

How To Be Cleared To Play On Opening Day?

Complete ALL 3 FORMS & GIVE TO COACH GORDON (June 9th is fine)

- Athletic Participation FORM (Must Turn In To Room 6/Office)
- ___Liability/Medical Release FORM & Soccer Registration FORM

To a great summer! ©

Coach Jeff Gordon Cell: 714-863-8724 www.shhsgirlssoccer.com

(Please Make \$125 check made payable to "SHHS Girls Soccer")

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

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2020 Sunny Hills Summer Soccer "REGISTRATION FORM"

(Please turn in with payment & liability/medical release form)

NAME:	POSITION: FW_	MD	DF GK	
PARENT Email:	PARENT Cell#:			
SHIRT SIZE: Years Expe	rience:CUR	RENT TEAN	1 :	
COMPLETED PHYSICAL: Yes	_ No Payment (\$125) Yes_	No	
TO BE CLEAI	RED ON OPEN	NING DA	<u> </u>	
Complete ALL 3 FORMSAthletic Participation FORM	& GIVE TO COACH GORD Medical Release F			
➤ What are your goals for this summe	r?			
➤ What do you know about the SHHS	Girls Soccer Program?			
What are you looking to accomplish	as a SHHS Girl's Soccer Pla	ayer?		

2020 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 2020 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 2020 Orange County High School Summer Soccer League which will take place from June 1st, 2020, to July 31st, 2020 @ 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 2020 and their participation in the Orange County High School Soccer League.
Parent/Guardian SignatureDate:
Parent Cell Phone:
Other name and number to be contacted: ()_