



**2022 CVHS Girl's  
Summer Soccer League**  
CVHS Soccer Coaching Staff



**DATES: June 27 - July 20, 2022**

**Game times are between 12:00pm-6:00pm Tuesdays or Thursdays**

**Schedule TBD (teams will play TWO games/week)**

**Location: CVHS grass fields/stadium**

**Information: Contact Jason Sorrell**

[cvhsgirlsoccer@gmail.com](mailto:cvhsgirlsoccer@gmail.com)

**To register: Complete form below and mail your contribution (\$125) to:  
27691 TORIJA, MV, CA 92691  
Cash or check (made payable to CAPO GIRLS SOCCER)**

*Please note that the Constitution of the State of California requires that we provide a public education to you free of charge. Your right to a free education is for all school/educational activities, whether curricular or extracurricular, and whether you get a grade for the activity or class. Subject to certain exceptions, your right to a free public education means that we cannot require you or your family to purchase materials, supplies, equipment or uniforms for any school activity, nor can we require you or your family to pay security deposits for access, participation, materials, or equipment.*

**Capo Girls's Soccer Program Registration and Insurance Waiver Form**

Athlete's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent's or Guardian's Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

I/We, the parent(s) or guardian(s) of the above-named child, hereby release, absolve, indemnify and hold harmless the Capistrano Unified School District, Capistrano Valley High School, Jason Sorrell, the Capo Valley High School soccer coaching staff and the Capo Girl's Soccer Boosters for any injuries or damage that she may receive or cause during the stated game(s) &/or practice(s). I/We assume all risks and hazards incidental to the conduct of athletic/soccer activities. I/We hereby acknowledge that the above-named child is covered under our family health insurance.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**ALL PLAYERS WILL NEED A CURRENT PHYSICAL AND CLEARANCE PACKET**  
**(<https://www.capoathletics.com/athleticclearance>)**