

# Estudantez AZ



**Combs**  
J.O. Combs Unified School District  
Learning Today, Leading Tomorrow



*PRESENTS*

## 2018-2019 School Year Spring Soccer League

Meet and make new friends while learning the fundamentals of soccer. Our goal is to teach and develop player's understanding of the sport, skills, techniques, and passion for the game.

- 8 WEEKS LONG STARTING FEB 20th (1st Practice)
- 1 PRACTICE EVERY WEDNESDAY AT ELLSWORTH (5:00-6:00 PM)
- GAMES ON SATURDAY MORNING BETWEEN 8AM-12PM AT ELLSWORTH ELEMENTARY (First Game March 2, last game April 27)
  - 3 COED AGE GROUPS (1<sup>ST</sup>-3<sup>RD</sup>, 4<sup>TH</sup>-6<sup>TH</sup>, and 7th-8th GRADE)
- Registration Days are FEB 6th from 5-6:00pm or FEB 9th from 10-11:00 AM at Ellsworth. Registrations after FEB 9th will be \$70 until the DEADLINE of FEB 15th.

PLAYER'S NAME: \_\_\_\_\_ (MALE/FEMALE) School: \_\_\_\_\_ Grade: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

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

PARENT/GUARDIAN: \_\_\_\_\_ SHIRT SIZE: **YS YM YL AS AM AL**

MAKE CHECKS PAYABLE TO: *ESTUDANTEZ AZ SOCCER CLUB*

TURN IN REGISTRATION & PAYMENT DURING REGISTRATION DAYS AT ELLSWORTH ONLY

FOR MORE INFORMATION PLEASE CONTACT COACH CHRIS AZANGER @ [CAZANGER@JOCOMBS.ORG](mailto:CAZANGER@JOCOMBS.ORG) or (480) 882-3510

**\$59 dollars**

Includes league t-shirt

**[www.estudantez.com](http://www.estudantez.com)**

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- We WILL be in need of volunteer coaches. If you choose to volunteer, your child's registration fee will be waived.
- If you are unable to attend registration days, checks/cash and registration forms can be dropped off to Mr. Azanger at Combs Middle School no later than FEB 20th.

**PLEASE SIGN BACK OF PAGE**

## J.O. Combs Unified School District Registration and Waiver of Liability

Student name \_\_\_\_\_

In consideration of my child ("Student") being permitted to participate in the Estudantez Recreational Soccer League (the "Program") sponsored by J.O. Combs Unified School District, I hereby release, discharge, and covenant not to sue said District, Soccer Club, its employees or Governing Board from all present and future claims that may be made by the Student or me, my family, estate, heirs or assigns for property damage, or personal injury arising as a result of the Student's participation in the Program and caused by the ordinary negligence of the parties listed above, wherever, whenever, or however the same may occur.

I understand that participation in the Program involves certain risks and dangers of serious bodily injury, including, but not limited to, permanent disability, concussion, and paralysis ("Risks"). I voluntarily allow Student to participate in the Program and fully accept and assume all such Risks and all responsibility for losses, costs, and damages incurred as a result of Student's participation in the Program.

I certify that I understand the nature of the Program and that Student is in good health and in proper physical condition and may participate in strenuous and hazardous physical activities, including the soccer to be played in the Program. Permission is granted for Student to receive emergency medical treatment, if needed.

I am the parent or legal guardian of the Student named above. I have read this release, fully understand its terms, am signing it voluntarily, and understand that by signing this form I am giving up substantial legal rights and remedies. I further agree that the terms of this release are binding on me and the Student.

I give consent that any photograph, videotapes, films and/or audio recording made of my child by J.O. Combs Unified School District or Estudantez Soccer Club are the property of the said organization and may be used for publicity, training, or publication deemed appropriate by the J.O. Combs Unified School District.

Parent/Legal Guardian printed name: \_\_\_\_\_

Parent/Legal Guardian signature: \_\_\_\_\_

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