



Boys' 2020 Preseason Soccer Clinic



Fortune Favors the Prepared

Locations/ Time:

The clinic will be held at Roger Ludlowe Middle School on Monday, August 17th through Friday, August 21st. The clinic will run from either 9:00am-10:30am or 9:30 am-11am daily. **We are limiting the number of participants to the first 30 athletes.** In doing so, we will create two sessions of 15 athletes. These cohorts will be exclusive with no comingling. They will remain together for the duration of the clinic. The cohorts will be mixed for horizontal development, program cohesiveness/ rapport, as well as to limit one specific grade's exposure. The athlete/ family will be notified which group they will participate in during the weekend of August 15th. Please contact me if siblings are attending the clinic, so they can be paired together. **The cost of the clinic is \$135 per player.**

Description:

This preseason soccer clinic is designed to condition and prepare student athletes for the first week of the fall season. It will primarily focus on conditioning and the honing of technical ability. At this point, due to CIAC regulations, the clinic will NOT be providing contact among athletes. The program is open to all Fairfield High School male soccer athletes. The clinic will be directed by Justin Ottavio, Head coach at Warde High School and current holder of a United Soccer Coaches High School coaching diploma and Premier diploma. If you have any questions/ concerns, please call or text (203) 218-7343

Equipment: All participants should bring the following gear to each session:

Proper soccer attire	Turfs or cleats	Water
A pair of running shoes	A soccer ball	Shin Guards

Registration:

To register for the clinic please complete the form below and email this application along with the parent waiver attached to fwssoccer@yahoo.com If you do not have a scanner, a picture of the completed form will suffice. Please Venmo the tuition of \$135 to **Justin-Ottavio_Elite_FC**

If you are unable to venom the tuition, please text Justin Ottavio at (203) 218-7343 in order to set up an alternate payment option.

**** There will be no refunds for cancellations due to inclement weather or field closures.**

THERE WILL BE NO WALKUP REGISTRATION PERMITTED

Name: _____ Grade: _____

Address: _____ Phone: _____

Parent or Guardians Name: _____ Cell Phone: _____

Athletes will be asked to take and report their temperature daily prior to participating. Please read and sign the release and Waiver of Liability on the next page

RELEASE AND WAIVER OF LIABILITY

I understand that playing or participating in the above sport may be a potentially dangerous activity involving risk of injury. I understand that in any contact sport, such as the sport involved at this camp, an athletic participant can be seriously injured. I am aware that the dangers and risks of my child's/ward's playing or participating in the above sport include, but are not limited to, falls, contact or collisions with other participants, equipment and facilities, and the effects of weather, including high heat and humidity (facilities are not air conditioned). I have certified to the director, by my signature below, that my child is in good health and physical condition and sufficiently able to participate in the above sport and the camp. I have advised the director of any limitations on my child's/ward's activities for medical reasons in writing below. Knowing and having been informed of the potential dangers and risks associated with playing the above sport, and in consideration of my child/ward being allowed to participate in the camp, I hereby agree on behalf of myself, my family members and my child/ward to assume all such risks and, further, to waive, release, discharge and hold harmless the Elite FC LLC, its director and their respective employees from any and all liability, actions, causes of actions, claims or demands for personal injury and/or illness of any kind or nature, and any other claims whatsoever arising out of, or in any way connected with, my child's/ward's playing and participating in the above sport and camp. I fully understand that the camp participant will be held responsible for all property damage. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

By signing this agreement, I ACKNOWLEDGE, UNDERSTAND, AND VOLUNTARILY ACCEPT AND ASSUME ALL the foregoing risks related to COVID -19 and accept sole responsibility for any injury or illness that may occur. Including when my child participates in any Elite FC LLC related activity. Elite FC LLC has put in place preventative measures to reduce the spread of Covid -19 but cannot guarantee that anyone will not become infected with Covid -19. Further, I UNDERSTAND AND AGREE that this release includes any Claims against Elite FC LLC, its director, coaches, and representatives, whether a COVID -19 infection occurs before, during, or after participation in any Elite FC LLC program(s), related event, or activity.

I hereby consent to permit the coach and staff working at the Elite FC LLC clinic to provide emergency first-aid or medical treatment for my child/ward, according to their best judgment, in the event he/she suffers an injury or illness while participating in the camp or on the camp premises.

The camp is not responsible for personal items that are lost, stolen or damaged. I also understand that pictures taken at camp may be used in any promotional materials

Athlete's Name _____

Any Allergies _____

Other _____

Signature of Parent
or Legal Guardian- _____

Date- _____