



Boys' 2021 Preseason Soccer Clinic



Fortune Favors the Prepared

Locations/ Time:

The clinic will be held at Roger Ludlowe Middle School beginning on Monday, August 16th through Friday, August 20th. The clinic will run from 9:00am-11:00am daily. **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 focus on conditioning, the honing of technical ability, and the development of team cohesion. 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	Cleats	Water
	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 fwhssoccer@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** or send a check along with the completed registration form to:

Justin Ottavio
34 Heritage Dr.
Trumbull, Ct 06611

**** 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: _____

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.

Athlete's Name _____

Any Allergies _____

Other _____

Signature of Parent
or Legal Guardian- _____

Date- _____