



# Boys' 2022 Preseason Soccer Clinic



Fortune Favors the Prepared

**Locations/ Time:**

The clinic will be held at Old Field beginning on Monday, August 15<sup>th</sup> through Friday, August 19<sup>th</sup>. The clinic will run from 10:00am-12:00pm 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 current and incoming Fairfield Ludlowe High School male soccer athletes. The clinic will be directed by Chris Lovelett, Head coach at Warde High School. If you have any questions/ concerns, please email [Christopherlovelett@gmail.com](mailto:Christopherlovelett@gmail.com).

**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 [Christopherlovelett@gmail.com](mailto:Christopherlovelett@gmail.com). If you do not have a scanner, a picture of the completed form will suffice. Please Venmo the tuition of \$135 to **@Chris-Lovelett-1** or send a check along with the completed registration form to:

Chris Lovelett  
189 Church Hill Road  
Fairfield, CT 06825

**\*\* 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 CHRIS LOVELETT, 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 CHRIS LOVELETT related activity. CHRIS LOVELETT 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 CHRIS LOVELETT, its director, coaches, and representatives, whether a COVID -19 infection occurs before, during, or after participation in any CHRIS LOVELETT program(s), related event, or activity.

I hereby consent to permit the coach and staff working at the CHRIS LOVELETT 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- \_\_\_\_\_