2021 BOYS SOCCER SUMMER CONDITIONING PROGRAM

Originating in the summer of 2004, this program has become an integral part in the success of the Melrose High School Boys' Soccer Program. As a result, our players have become better-conditioned, have avoided injuries, and have become more competitive in the very strong Middlesex League.

COST IS *$150* PER PLAYER – Flat Fee/No Prorating
(Checks payable to: *MHS Boys Soccer Boosters*)

Start Date: Monday, July 5 **End Date:** Friday, August 13
Start Time: 5:45 AM **End Time:** 8:00 AM
Days: Monday, Wednesday, Friday **Where:** Fred Green Field

BE ON TIME RAIN OR SHINE
NOTE: THE WORKOUT WILL BE CANCELED IN THE EVENT OF THUNDER/LIGHTNING

Please bring the *completed form below*, along with *payment* to the Meet the Coach Night on 5/18.

Each participant is required to bring:
running shoes soccer cleats shin guards soccer ball water hand sanitizer face mask

MANDATORY PARTICIPATION GUIDELINES

- MAINTAIN SOCIAL DISTANCE AT ALL TIMES
- MASK REQUIRED UPON ENTERING FIELD
- NO SPECTATORS ALLOWED
- PLAYERS MUST BRING OWN MASK, SANITIZER, WATER AND BALL
- NO CONGREGATING BEFORE OR AFTER THE PROGRAM
- DO NOT SHARE WATER, FOOD, OR EQUIPMENT
- NO BATHROOMS AVAILABLE
- PARTICIPANTS MAY BE SCREENED
- DO NOT ARRIVE MORE THAN 10 MINUTES PRIOR TO START OF THE PROGRAM
- DO NOT ATTEND IF YOU ARE FEELING UNWELL OR HAVE BEEN EXPOSED TO ANYONE TESTING POSITIVE FOR COVID-19
- NO HIGH 5'S, HANDSHAKES, KNUCKLES, OR GROUP CELEBRATIONS
- PLACE EQUIPMENT, BAGS, ETC. AT LEAST 6 FEET APART

PARTICIPATION IS SUBJECT TO COMPLICANCE WITH PANDEMIC REGULATIONS

**********DETACH HERE**********

Athlete's Name (Registrant):_____

Address:_____

Home Phone:_____**Cell:**_____

I, the parent/guardian of
_____**, the Registrant, recognizing the possibility of physical injury associated with the conditioning program, hereby release, discharge, and otherwise indemnify Bert Stoker and the Melrose Boys' Soccer Boosters, its agents, servants and employees against any claim by, or on behalf of, the Registrant as a result of his participation in the program.**

I hereby acknowledge that this waiver covers the risk inherent to parents, players or other family members of contracting Covid-19 by attending this conditioning program.

I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are medically necessary to preserve the life, limb, or well-being of my dependent. This permission or consent is conditional upon the understanding that in the event of serious injury or illness, or the need of surgery, Mr. Bert Stoker will use all reasonable efforts to contact me. Failure in such effort, however, should not prevent rendering the necessary emergency treatment.

Participants who do not follow the required safety rules will be barred from participation and not provided a refund. Under no circumstances should anyone attend training who is experiencing symptoms consistent with Covid-19, including fever, cough, shortness of breath or loss of taste and smell.

Parent Name (PRINT): _____

Parent Name (SIGNATURE): _____

Date:_____**Cell:**_____