



Preseason Soccer Clinic 2019

This is 5-day soccer program designed to condition and prepare student athletes for the first day of the fall season. This program is open to all Fairfield Warde High School male soccer players. The director of the clinic is Kevin O'Hara, Head Coach at Ludlowe High School and former Captain of the University of Connecticut Men's Soccer team.

The clinic will be held at Tunxis Hill Park on Monday August 19th through Friday August 23rd. The clinic will run from 8:00 am to 10:00 am daily. The cost of the clinic is \$135 per player. Please make checks payable to "Kevin O'Hara Soccer Camp, LLC".

All participants should bring a soccer ball, water, cleats, shin guards and be dressed in proper soccer attire.

To register for the clinic please complete the form below and mail with payment to:
Kevin O'Hara Soccer Camp, LLC
P.O. Box 611
Botsford, CT 06404

***Registration closes August 1st, 2019.

Any questions please call (917) 509-9395 or e-mail coachohara1@gmail.com

Name _____ Grade _____

Address _____ Phone _____

Parent or Guardians Name _____ Work phone _____

Email _____

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

Release and Waiver of liability-

I certify that the applicant is in excellent physical health and is capable of participating in a strenuous physical activity. I further certify that I give permission for him to participate in the soccer clinic being conducted by the Kevin O'Hara Soccer Camp, LLC. I also agree to hold harmless the Kevin O'Hara Soccer Camp, its staff, agents and all employees from any and all injuries sustained by the applicant during his participation in the clinic. In the event of a medical emergency or illness, I hereby authorize The Kevin O'Hara Soccer Camp, LLC to provide first aid and/or request emergency medical treatment and transportation to a hospital. I grant permission for the applicant to be given treatment at a local hospital.

Any Allergies _____

Other _____

Signature of Parent or Legal Guardian _____

Print Name _____

Date _____