



Summer Soccer Clinic 2018



When: Aug 13th – Aug 16th (Rain Date Aug 17th)

Where : Douglas VFW Field

21 Main Street Douglas, MA

Time: 6:00PM to 7:30PM

Cost: \$40 per player

Payment: Cash or Check(Payable to Douglas Athletic Boosters)

Send Payment to :

Joe Gualtieri / 105 Perry Street / Douglas, MA 01516

Registration and Payment must be received by 8/11

Instructors:

Aidan Gordon: DHS Varsity Captain

James Kaye: DHS Varsity Starter

Joe Gualtieri – Douglas Youth Soccer Coach

DHS Varsity Players

Proceeds to Benefit Douglas HS Athletics



Tear off and send along with payment

Players Name: _____

Parents /Guardian Name: _____

Age: _____

Email: _____

Phone #: _____

I the parent/guardian of the registrant(s), a minor(s), desire to have the registrant(s) participate in the Summer Soccer Clinic on the above dates conducted by Joe Gualtieri & Personnel. Recognizing the possibility of injury associated with said Training and the registrants participation in the Programs on behalf of myself and the registrant(s), I hereby release, discharge and/or otherwise indemnify all personnel working with Joe Gualtieri, including the owner of fields and facilities utilized for the Programs, of and from any claim, demand, action, cause of action, suit or liability arising as a result of the registrants participation in the Programs.

I certify that the registrant(s) participation in the Summer Soccer Clinic sessions is/are in good health and able to participate in all activities and I give permission for any medical attention deemed necessary in the event of an accident, injury, illness, etc until such time as I may be contacted. This release is in effect for any and all sessions conducted by Joe Gualtieri and all personnel assisting Joe Gualtieri. I will assume full responsibility for all medical expenses incurred.

Parents/Guardian Signature: _____

Date: _____