HIGH SCHOOL BOYS SOCCER CLINIC

This Clinic is designed for High School Boys in grades 9-12. It is also specifically designed for players who are interested in playing at the college level.

WPI Head Men’s Soccer Coach, Brian Kelley will direct this three hour clinic designed to improve each player and give them an actual sample of a college level training session.

This clinic will give each player a better understanding of what it takes to compete at the college level and also how to apply what they have learned to their continued development as a soccer player.

TRAINING SESSION

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 AM - 9:15</td>
<td>Check in &amp; Introductions</td>
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<tr>
<td>9:15 AM - 9:30</td>
<td>Dribbling and Foot Skills</td>
</tr>
<tr>
<td>9:30 AM - 10:15</td>
<td>Passing &amp; Possession</td>
</tr>
<tr>
<td>10:15 AM - 11:30</td>
<td>Small Sided Game or Scrimmage</td>
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<tr>
<td>11:30 AM - 11:45</td>
<td>Cool Down</td>
</tr>
<tr>
<td>11:45 Am - 12:00</td>
<td>Questions and Recap.</td>
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</tbody>
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DATE: Saturday April 9th, 2016

LOCATION: Worcester Polytechnic Institute
161 Salisbury Street (Athletics Entrance)
Worcester, MA 01609

Location of Training: ROOF TOP FIELD
COST OF PROGRAM $85.00

(Please fill out all player information & Waiver on Attached Page)

Name: ____________________________________

Circle Year of graduation: 16, 17, 18, 19, 20

Address: ________________________________

City: ____________________________________

State: _______ Zip: _________

Day Phone: __________________ Evening Phone: _____________

Emergency Contact Name: _______________________

Emergency Contact Phone: ______________________

EMAIL: Please write legibly.

Player’s Email: ____________________________ (write legibly)

Parent’s Email: ____________________________ (write legibly)

Circle One: Field Player or Goal Keeper

Please make your check payable to:

WPI MENS SOCCER

Send to:

Brian Kelley
Head Coach, Men’s Soccer
Worcester Polytechnic Institute
100 Institute Road
Worcester, MA 01609
Please sign waiver that is on the next page

A. Liability Release

I do hereby waive, release, absolve, forever discharge, and do further agree to indemnify and hold Worcester Polytechnic Institute (WPI), its employees, trustees, officers, volunteers, and agents harmless from and all claims, damages, losses and/or expenses arising out of participation in WPI activities. I assume all liability for any and all personal injury, bodily injury, illness or property damage that occurs as a result of participation in such activities. I also agree that we will not bring any lawsuits nor make any demands nor pursue any complaints against WPI as a result of his/her participation in WPI activities. Agreement to this Release also warrants that participation in this activity is voluntary and the participant and undersigned have read and understand the inherent risks involved in the activities. The participants understands that these risks exist despite the safety precautions and procedures implemented by WPI. The participant agrees to obey all rules and policies mandated by WPI personnel in our Participant Agreement and Code of Conduct (available on our website).

I hereby give my consent for the participant to join in all WPI activities. I warrant that the participant is physically fit and able to participate in all activities without undue risk. There is and will be adequate health insurance coverage in force for the term of the participant’s attendance. The undersigned further verifies that the health insurance covers any and all accidents, injuries or illnesses that may result from participation in WPI activities.

B. Photo, Media and Copyright Release

I grant my permission for WPI to photograph, videotape and/or audiotape myself or my child during activities at WPI. These photographs/videos/audios will remain the property of WPI and may be used in advertising or marketing campaigns on WPI’s websites, and for promotional and informational material including, but not limited to, flyers, brochures, newsletters, emails, advertisements, newspaper articles, TV or cable interviews/promotions. I understand my child will not be identified by name unless I give my express permission. I hereby waive and release on behalf of myself and/or my child, any rights to compensation for, or ownership of, such images and/or sounds.

C. Medical Waiver & Release

I give permission for WPI program staff to (1) provide routine healthcare, first-aid, and seek emergency medical treatment on my behalf and (2) arrange for medical transportation, if necessary, for the participant. I hereby give permission for medical personnel selected by WPI's designated healthcare/emergency staff to secure and administer medical treatment including hospitalization, order and administer medications, anesthesia, X-rays, surgery or special procedures if deemed medically necessary for the participant during the duration of the program. I hereby understand that all medical costs are my financial responsibility and agree to pay for all charges associated with procuring or providing medical care for the participant named below.

Participant’s Name __________________________________

By signing below, I acknowledge that I am legally authorized to sign for this participant.

Signature __________________________________________ DATE: ________________