2018 BOYS SOCCER PRE-SEASON 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 *$135.00* PER PLAYER – Flat Fee/No Prorating
(Checks payable to: *MHS Boys Soccer Boosters*)

Start Date: Monday, July 9 **End Date:** Friday, August 17
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 May 22 or mail it no later than ***Monday, June 25*** to: Jane Wiesen, 52 Malvern St. Melrose, MA 02176. Direct any questions to Cindy at cindymarieluongo@gmail.com.

Each participant is required to bring:
running shoes soccer cleats shin guards soccer ball water

**********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 against any claim by, or on behalf of, the Registrant as a result of his participation in the 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.

Parent Name (PRINT): _____

Parent Name (SIGNATURE): _____

Date:_____ **Cell:**_____