



Auburn High School
5-7:30 pm

Co-ed training

High school & middle school players from Central and Eastern MA area schools

Technical, tactical, and fitness development

Goalkeeping training

Cost: \$85 per player before July 1st
\$100 after July 1st

Payment can be made by check, Venmo, or cash

AUGUST 7TH, 8TH, 10TH 2022

HIGH SCHOOL SOCCER

PRESEASON TRAINING CLINIC

Clinic Description

This preseason clinic invites high school students from local high schools to participate in technical, tactical, and fitness development as means for preparing for the upcoming season. The three-day clinic will include fitness and agility work, technical skills such as first touch, shooting, and defending, as well as tactical strategy through small-sided games. Goalkeeper training will also be provided.

The clinic provides comprehensive, high intensity training at an affordable cost led by several high school and premiere club coaches. A licensed athletic trainer will also be present as medical personnel. All athletes and guardians will be required to sign a consent to play waiver when registering and provide proof of payment upon arrival on August 7th. All proceeds will go to Auburn High boys' and girls' soccer booster programs.

All athletes must complete the registration form on the following page. Registration can also be done online at

[Auburn Soccer Clinic Registration.](https://forms.gle/AXb1BdhDjGaCU1uqZ)
(<https://forms.gle/AXb1BdhDjGaCU1uqZ>)

*Please note, participation in this clinic is not mandated by any high school program and does not guarantee a roster position.

Auburn Soccer Pre-Season Training Clinic 2022

Registration Form

All paper registrations and payments should be submitted directly to the player's coach. Online registration is available at <https://forms.gle/AXb1BdhDjGaCU1ug7>.

Athlete Information

First Name _____ Last Name _____

Date of birth ____/____/____ Gender _____ School _____ Grade _____

Phone _____ Email _____

Address _____

Payment method (please check):

Check or to "Auburn Booster Club" (please include child's name in memo)

Venmo payment to @AuburnRockets-BoosterClub

Cash

I give permission for my son/daughter to participate in the Auburn Soccer Preseason clinic on August 7th, 8th, and 10th. I understand and accept the condition that neither Auburn High School, the AHS booster club, or the coaching staff will assume responsibility for accidents and medical or dental expenses incurred because of participation in this program.

The applicant is in good health and able to participate in a physical program of this kind. In the event of an injury or illness, the certified athletic trainers have my permission to provide medical care.

The athlete or guardian understands the below medical history is to provide the athlete with the utmost care during athletic participation and will only be seen by the athletic trainer(s). Providing the information below is optional yet encouraged.

Allergies/Medical condition that may affect athletic participation: _____

Emergency Contact: _____ Phone: _____

hereby accept and agree to abide by the above procedures and regulations of Auburn High School.

Parent/Guardian signature: _____ Date: _____

Any questions/concerns contact Coach Emily Para at epara@auburn.k12.ma.us or Coach Chris Bailey at coachbailey@charter.net