

Lexington United Soccer Club (LUSC)
2008 Summer Clinic
Monday, July 14th thru Thursday, July 17th
P.O. Box 613
Lexington, MA 02420-0006

Player's Name _____ Home Phone _____
Email (parent / guardian) _____ (print clearly) Male Female
Street Address _____ City _____ ZIP _____
Date of Birth ____ / ____ / ____ Grade _____ School _____
T-shirt size: (check size) YM YL AS AM AL

Date: Monday, July 14th to Thursday, July 17th
Time: 9:00 am to 1:00 pm
Location: Diamond Middle School
Gades: 2nd through 8th
Cost: \$155 (save \$5.00 processing fee when applying online: www.lexingtonsoccer.org)

What to Bring:

Each clinic participant should bring the following items with the each day:

- Cleats
- Shin Guards
- Properly Inflated Ball
- Snack
- Water Bottle
- Sunscreen

* Participants will receive a "LUSC Summer Soccer" clinic t-shirt.

Coach Donahue will be assisted by collegiate players and professionally licensed coaches

Daily Schedule (Flexible to players needs)

9:00 to 9:15am **Gather & Stretch**
9:15 to 9:45am **Individual Moves**

- Monday- Change of Direction
- Tuesday- Hesitation
- Wednesday- Beating Another Player
- Thursday- Rolling the Ball

9:45 to 10:45am **Circuit Training**

- Shooting Exercises
- Juggling/Soccer Tennis
- Relays/Coordination
- Fun Game (World Cup/2v2/3v3)

10:45 to 11:15am **Snack Break/Popsicles**
11:15 to 12:00pm **Street Soccer (Free Play)**
12:00 to 12:15pm **Daily Tactical Concept**
12:15 to 12:55pm **Game (8v8 max)**
12:55 to 1:00pm **Daily Wrap-up**

Note: This clinic will accommodate players of all abilities. Players will be separated according to ability and preference of coaching style. It will be an all inclusive clinic that promotes soccer in a fun atmosphere that promotes learning the game in a manner appropriate to each players needs.

Lexington resident that registers by July 1 will be guaranteed a spot.

Registration forms also available at: www.LexingtonSoccer.org

About the Director

Coach Donahue became the Director of Coaching for Lexington United Soccer Club on January 1, 2006. Prior to coming to Lexington, Coach Donahue had served as the Acting Men’s Soccer Coach at Northeastern University after having been the first assistant during the most successful period of the programs history.

Coach Donahue, a MYSA Staff coach, holds a USSF “A” license and NSCAA Premier Diploma.

CONSENT FORMS

BOTH CONSENT SECTIONS MUST BE COMPLETED AND SIGNED.

Player’s name _____

Parental / Guardian Consent

I, parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the “Programs”), I hereby release, discharge and /or otherwise indemnify the USYSA, its affiliated organizations and sponsors, Lexington United Soccer Club, their directors, volunteers and employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant’s participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Guardian Printed Name _____

Signature _____ **Date** _____

Consent for Medical Treatment (Minor)

As parent or legal guardian for the registering player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. Care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

Signature _____

Phone (H) _____ **(Cell)** _____ **(W)** _____

Address _____ **City** _____ **ZIP** _____

Pertinent Medical Information: _____

*Thank you,
Lexington United Soccer Club*

Lexington United Soccer Club only issues refunds for medical/moving reasons.

Registration forms also available at: www.LexingtonSoccer.org