



# Southington Girls Soccer Clinic



SOUTHINGTON  
LADY KNIGHTS

WEEK of JUNE 11-14, 2018

SOUTHINGTON  
LADY KNIGHTS

## Southington High School

The Southington Soccer Club and Southington High School have joined together to hold a girls' soccer clinic for Southington girls with birth years from 2004 – 2009 the week of June 11-14 on the Southington High School turf field. All girls in Southington interested in learning how to play the game of soccer are invited to attend. Coaches from the High School will join with coaches from the Southington Soccer Club to conduct training sessions on ball technique, tactical decision-making, building player confidence, and creating a further love of the game. In addition to the coaches, there will be a few of the current Lady Knight HS players at the clinic participating in the training sessions.

Director: Head Coach Mike Linehan, Southington High School Girls Program. Coach Linehan has a USSF National Youth License and has coached at the youth, travel and premier levels for over 25 years.

Director: Asst. Coach Walt Swanson, Southington High School Girls Program. Coach Swanson has a National D license and has also coached at the youth, travel and high school levels for over 15 years. He is currently the President of the Southington Soccer Club.

NO COST to attend the clinic.

Enclosed is the following clinic schedule. All Players will receive a SHS Lady Knights Clinic Shirt.

<b>Girls Born 2009</b>	<b>June 11&amp;13</b>	<b>5:30-7:00</b>	<b>Girls Born 2008</b>	<b>June 11&amp;14</b>	<b>5:30-7:00</b>
<b>Girls Born 2007</b>	<b>June 11&amp;14</b>	<b>5:30-7:00</b>	<b>Girls Born 2006</b>	<b>June 11&amp;14</b>	<b>7:00-8:30</b>
<b>Girls Born 2005</b>	<b>June 11&amp;13</b>	<b>7:00-8:30</b>	<b>Girls Born 2004</b>	<b>June 11&amp;14</b>	<b>7:00-8:30</b>

Players registered with the Southington Soccer Club do NOT need to register for the clinic. All other players need to register by completing the application below and please bring to the first day of the clinic. For more information, please send an email to [Michaellinehan@cox.net](mailto:Michaellinehan@cox.net) or [Wltswan@gmail.com](mailto:Wltswan@gmail.com).

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Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact Name/Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Medications/Allergies: \_\_\_\_\_

Waiver and Consent: As parent or legal guardian of the child named above, I give my full consent for my child to participate in this clinic. I understand there are certain risks of injury inherent to playing this sport and I assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in this clinic and that my child is healthy and has no physical or mental disabilities that would restrict full participation in the clinic. I also hereby waive, release, and hold harmless Lady Knights Girls Soccer Clinic, its coaches and representatives for any injury that may be suffered by my child in the normal course of participation in this clinic, whether the result of negligence or any other cause.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_