

Watertown High School Arrow Girls Soccer

Team Text Notification for 2023: To receive messages via text, text @arrowsg23 to 81010

Staff:

Head Coach: Emily Trupe | Email: Emily.Trupe@k12.sd.us | Cell: 605.520.0689

Junior Varsity Coach: Jordan Bakken | Email: Jordan.Bakken@k12.sd.us | Cell: 605.520.4356

→ **Arrow Soccer Summer “Open Field” Program (6/5-6/29, Summer Moratorium is 7/1-7/7, Resume 7/11-7/20 | Anza Soccer Complex | Cost \$20)**

The Arrow Soccer Summer Program will prepare all **incoming 7th through 12th graders** for the start of a successful season. **In combination with Arrow Power OR Athletic Edge**, the program has been developed for girls soccer athletes committed to improving their speed, strength, agility, and soccer technical and tactical skills. These sessions will begin with technical soccer drills that are aimed at improving players skills, next there will be a tactical drill or scrimmage, and end with conditioning. Some of the summer sessions will be centered around conditioning and agility training. Throughout the summer there will be 3 beep tests. These will be held on separate days, or will be added on at the end of a session. Beep tests are vital (therefore each player should plan on attending these testing days) for tracking and recording an athlete's fitness level. All sessions will be held at the Anza Soccer Complex (unless coaches specify otherwise), Tuesdays and Thursdays, from 7:30-8:30 AM. Wednesday sessions will begin promptly at 7:30 AM and end at 9:00 AM. Wednesday's sessions will be led by senior athletes. Tuesdays and Thursdays will be led by coaches throughout the course of the summer. If athletes are not available to train with the team they should plan on completing workouts independently (athletes should contact coaches for ideas).

I. PARENTAL CONSENT

I, The parent or legal guardian of _____, a participant in the Watertown Arrows Girls Soccer Conditioning Program, does hereby grant permission for all program activities.

* **Initials:** _____

I verify that my child has had a physical exam in the past year, was found to be in good health, and is capable of participating in the activities related to this program. I attest that currently there is no medical reason for the participant not to participate in the strenuous physical activities of the Watertown Arrows Girls Soccer Conditioning Program.

* **Initials:** _____

I acknowledge that participation in the Watertown Arrows Girls Soccer Conditioning Program and related activities assumed the inherent risk of personal injury. I assume such risk on behalf of the participant and give my permission to the participant to participate in all Watertown Arrows Girls Soccer Conditioning activities.

* **Initials:** _____

II. RELEASE FROM LIABILITY

I agree to assume all risks and hazards incidental to participation in the Watertown Arrows Girls Soccer Conditioning Program. I do hereby waive, release, absolve, indemnify, and agree to hold harmless, the Watertown Arrows Girls Soccer Conditioning Program, Watertown School District, trainers, the coaches, volunteers, and participants for any claim arising out of an injury to my child, whether the result of negligence or any other cause.

* **Initials:** _____

III. MEDICAL RELEASE

Because your child is involved in an active soccer conditioning program there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur before, during, or after our conditioning while at our site.

Participant: _____

Date of Birth: _____

Parent or Guardian Name: _____

Home/Cell Phone#: _____

Medical Insurance Carrier: _____

I hereby grant permission to the Watertown Arrows Girls Soccer Conditioning Program, Watertown School District, trainers, coaches, and volunteers to administer first aid, secure treatment, and/or hospitalize my daughter in case of emergency.

SIGNATURE of Parent or Legal Guardian: _____

I HEREBY ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE READ, UNDERSTOOD, ACCEPTED, AND AGREED TO THIS DOCUMENT.

**PRINT* Parent of Legal Guardian Name _____

**SIGNATURE* Parent or Legal Guardian _____

Date _____
