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I. **Letter from Dr. George Chiampas**

Dear Soccer Players, Coaches, Parents, Referees and Administrators,

It’s been a long time since we’ve been able to enjoy the game we all love, and I know you’ve all missed it as much as we have here at U.S. Soccer.

Now that we’re starting to get back to the field around the country, we are all excited about the prospect of sharing in the positive elements of playing, coaching, refereeing and simply being fans of this great sport once again.

While it’s a new, and at times uncertain, environment, we are going to navigate this together through knowledge, information and shared responsibility. Of course, the health and safety of all involved is everyone’s main priority.

To further that mission, the U.S. Soccer Federation has conducted extensive research and utilized expertise inside and outside the organization to assemble guidelines and best practices to provide all Members in effort to inform, educate and assist in the process of return to play.

During the next few weeks, we will share a host of resources in line with federal, state and national sporting organization guidelines under a new initiative called U.S. Soccer PLAY ON.

These guidelines and best practices are intended for use WHEN AND IF your local authorities have deemed it safe to return to the practice field. U.S. Soccer is in no way endorsing holding practices or games in violation of any federal, state or local mandates.

That said, we all know the game of soccer is important to the physical, mental and emotional wellness of our youth players. In consideration of how COVID-19 is transmitted, it is vitally important that EVERYONE involved in the process of return-to-place does so with extreme diligence and attention to the widely-agreed-up standards and guidelines.

While U.S. Soccer is providing this information as recommendations, these guidelines are intended for consideration by national and state soccer associations, clubs, players, coaches, referees and parents as a consistent and risk mitigation pathway to return to play. At all times, please defer to your local and state public health authorities for specific modifications and/or alterations.

Our approach to return to play is divided into five phases, representing the different stages of progress required to achieve the ultimate goal of playing with no restrictions or recommendations related to COVID-19.

The U.S. Soccer PLAY ON initiative is being launched with this Phase I Grassroots Soccer Recommendation guide, a comprehensive model to allow soccer to operate under key safety plans and considerations. We will provide additional guides to follow. These guides include a detailed approach to social distancing, screening, training, and interactions to ensure consistent and best practices are followed to promote the health and safety of all participants and fans.

As we progress into and beyond Phase 1, the campaign will grow to include helpful videos, info graphics and other resource materials. Just as the situation continues to evolve, so too will the information we share. All of the resources will be available in a virtual information hub, [www.ussoccer.com/playon](http://www.ussoccer.com/playon).

At the outset and throughout the process, please remember it’s important that each participant and their families stay informed and make educated choices about when they are ready to return to play. No one should feel pressured – or pressure others – into a decision. Soccer, most importantly, is fun. And it’s the fun we are looking to get back.

The bedrock principles of teamwork, respect and community that have been integral to the success of soccer in the United States will serve us now more than ever. Together, we will move forward and thrive. We are, and will remain, “One Nation and One Team.”

Yours in Soccer,

Dr. George Chiampas
U.S. Soccer Chief Medical Officer
The information in this document is not intended or implied to be a substitute for professional medical advice, diagnosis, or treatment. All content, including text, graphics, images and information, are provided for general informational purposes only. The knowledge and circumstances around COVID-19 are changing constantly and, as such, U.S. Soccer makes no representation and assumes no responsibility for the accuracy or completeness of this information. Further, you should seek advice from medical professionals and/or public health officials if you have specific questions about your return to training and competition.

II. Return-To-Play Phases Overview

This phases overview provides structure for a gradual approach to return to play during this unprecedented time of the COVID-19 pandemic. Included within, and between, the phases are specific steps to be considered and implemented.

U.S. Soccer recommends approaching your return-to-play activities sequentially through five phases. It is critical to assure processes, habits and strict compliance to your current phase, before advancing to the next.

It needs to be recognized that across the country at any given time, teams, clubs and organizations in different regions will be operating under differing state and local regulations — and thus will be operating in different phases. All phases must be first based on, and compliant, with your region’s regulations.

Lastly, a minimum amount of time is suggested to remain within each phase. This time provides the opportunity to build up the physical strength necessary for each phase. Clubs should carefully consider the conditions necessary to advance to the next phase and be prepared, if necessary, to stay in the current phase for longer than the timeline indicated or revert to an earlier phase to ensure the safety of all participants. Do not proceed to the next phase if it is not compliant with your region’s social distancing policies.

Five Phases of “PLAY ON”:

Phase 0: Stay and Shelter
- No recreational organized activities
- Follow local, state and federal guidelines

Phase I: Individual and Small Group Training
- Maximum of nine (9) players and one (1) coach allowed (or less, based on state/local social distancing guidelines)
- Maintain COVID-19 mitigation and incident action plans

Phase II: Full Team Training
- Maintain COVID-19 mitigation and incident action plans

Phase III: Full Team Competitions
- Maintain COVID-19 mitigation and incident action plans

Phase IV: No Restrictions
- No restrictions related to COVID-19
Phase 0: Stay and Shelter  
Duration: Based on state and local regulations

Core features
- Stay and shelter in place via CDC, state and local regulations and guidelines
- No organized trainings or competitions
- Virtual options can be considered

During this phase, since there is no ability to host in-person trainings or competitions, virtual communications are a good option to use to keep in touch with coaches, players, parents and others.

Phase I: Individual and Small Group Training  
Suggested Duration: 4-6 weeks

Core features
- State and/or local stay and shelter regulations lifted
- Only small group trainings with maximum of nine (9) players and one (1) coach allowed (or less, based on state/local social distancing guidelines)
- Maintain social distancing during training
- COVID-19 prevention and response protocols in place and followed
- Allow adequate time for good habits and compliance with Covid-19 protocol
- No competitions or tournaments
- Injury risk prevention strategy

During this phase, small group trainings can begin with a maximum of nine (9) players and one (1) coach (or less, based on state/local social distancing guidelines). Group sizes based on age and assurance of social distancing measures should be considered to avoid any cluster outbreaks.

With this first step back on the field, COVID-19 prevention and response protocols need to be implemented prior to when trainings begin. Keep in mind that implementing these new COVID-19 habits and processes for players, parents, coaches and clubs will require adequate time for understanding and compliance.

During this time, it is also important to consider injury risk strategies as endurance, strength and soccer skills come back into focus.
Phase II: Full Team Training  
Suggested Duration: 3-6 weeks

Core features
- Full team training allowed
- Continue to maintain social distancing
- COVID-19 prevention and response protocols in place and followed
- Allow three (3) weeks for tracing and tracking purposes

During this phase, full team trainings are allowed, but COVID-19 prevention and response protocols should continue to be maintained. A minimum three-week duration during this stage allows for the ability to isolate and/or track any possible symptoms in individuals, and also assures continued compliance in following the regulations and processes in place.

In the build-up to competitive play in the next phase (Phase III), there should be a continued acclimatization process strategy to reduce possible injury risk.

Phase III: Full Team Competitions  
Duration: Indefinite

Core features
- Full team competitions can occur
- Continue with COVID-19 mitigation strategies
- Consider local and single day competitions
- Large events should be guided by local and/or state public health authorities

During this phase, full team competitions such as tournaments may take place, as long as mitigation strategies and processes for COVID-19 are being implemented. Teams are recommended to only participate in local events and resist the urge to participate in events in other regions that may require travel or overnight stays. As always, all events should follow local and/or state public health authority recommendations.

Phase IV: No Restrictions

COVID-19 is no longer a public health matter and there are no restrictions directed by federal, state and local authorities. Please refer to [www.recognizetorecover.org](http://www.recognizetorecover.org) for general health and safety recommendations from U.S. Soccer.

Reverting to Earlier Phases

Regardless of which phase you are in, you should be prepared to step back and revert to an earlier phase if any of the following occur. Follow local public health official guidelines at all times.
- Cluster of infections occur
- Inability to maintain COVID-19 prevention and response protocols
- Inability to track and/or isolate players or staff
- External factor exposes a COVID-19 risk to your team or club
- Changes to local public health official guidelines regarding group gatherings
III. **Phase I Introduction**

This document outlines the recommendations for Phase I return to play. Recommendations for Phase II and III will be provided in subsequent guides, at later dates, to ensure clarity between phases.

Phase I is based around small group trainings with a maximum of nine (9) players and one (1) coach (or less, based on state/local social distancing guidelines), and the implementation of significant and meaningful social distancing measures.

This is an exciting moment for players: an opportunity to return to the field, see teammates, and get moving.

However, it is important for everyone to realize that this is not soccer as usual. Clubs and organizations will need to adjust their regular operations. Coaches will need to modify their training session plans. Parents need to understand and follow-through with safety precautions. Players need to respect and follow safety recommendations.

There will be a time to get back to regular training structures, huddles, and high fives. For now, let’s PLAY ON by playing it safe. We must work together to keep our soccer community healthy. Now more than ever, we are One Nation. One Team.

IV. **General Hygiene Code of Conduct**

The following recommendations should guide decision-making in Phase I when preparing for and returning to play.

As a reminder, returning to play is a personal choice, and you should feel comfortable determining for yourself if you would like to resume activities in a small group environment. We recommend all participants (coaches, parents, players, administrators, etc.) communicate with their club or coaches to better understand the safety policies in place and work together to protect against the spread of COVID-19.

**General Health**

1. If you are sick or have symptoms of an illness:
   a. Stay home. Stay home regardless of what is causing your illness.
   b. If you are confirmed or suspected to have COVID-19 practice self-quarantine measures and contact your physician.
   c. To discontinue quarantine and return to sport, obtain appropriate clearance from your medical provider.

2. If you have been in close contact (within 6 feet) with someone who is suspected or confirmed to have COVID 19:
   a. Begin self-quarantine for 14 days.

3. Advise your instructor, club or coach if any possible exposures have occurred in your team, training or club environment. Parents (and not the minor player) should communicate with the club or coach, in accordance with the Safe Soccer Framework and the U.S. Center for SafeSport policies and guidance.
Physical Interaction

1. Maintain “social distancing” of at least six feet.
2. Avoid activities involving high levels of group interaction (ex: team huddles).
3. Avoid general physical interaction including hugging, “high fives” or passing objects by hand.
4. Participants and any additional persons on site (employee, volunteer, parent) should avoid close contacts and follow all social-distancing guidelines.
5. Distance yourself from anyone exhibiting signs of sickness.

General Hygiene

1. Avoid touching your eyes/mouth/nose as much as possible.
2. Wash or sanitize your hands often.
   a. Use soap and water for a minimum of 20 seconds.
   b. When soap and water is not available, use hand sanitizer.
3. Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze.
   a. Follow with washing or sanitizing your hands.
   b. Dispose of tissues in a sealed trash can.
4. Avoid spitting and coughing.
5. Follow recommendations on wearing PPE (Personal Protective Equipment – masks or face covers) outlined below.

Equipment & Training Gear

1. Where possible, use individual equipment.
   a. Do not share personal equipment or gear (e.g. water bottles, towels, flags, etc.).
   b. Soccer balls may be shared provided players only touch the ball with their feet.
   c. See Equipment & Gear section of this document for details.
2. Sanitize sports or exercise equipment after each training session.
3. Wash all training gear after each training session.

Communal Areas

1. Clean and disinfect high-trafficked areas of your facility regularly.
2. If doors and/or gates are used to access the training field, plan to prop them open during usage hours.
   a. If doors cannot be propped open, use a sleeve/covered hand or elbow to open.
   b. Sanitize hands following contact with door handles/gates.
V. **Preparing to Train**

These recommendations outline considerations and protocols you should follow as you prepare to “Play On.”

Note that the foundational requirement for the following protocols is that state or local health regulations permits groups of a specific number to gather.

The following applies for all players, coaches, referees, administrators, volunteers, staff and household members.

**Medical Clearance**

1. For individuals with a pre-existing medical condition, written clearance from your physician for return to full participation in sport & activity is recommended.
2. For individuals who have tested positive for COVID-19, written confirmation of COVID-19 negative status and clearance from your physician for return to full participation in sport & activity.
3. For individuals who have experienced known COVID-19 exposure in the past 14 days, the following is recommended:
   a. Home quarantine for 14 days
   b. Written confirmation of COVID-19 negative status by your physician to return to play
4. For individuals who experienced any illness during shelter-in-place, written clearance from your healthcare provider that you are COVID-free is recommended.
5. Be prepared to report the onset of any new symptoms immediately. Contact your physician and follow the recommendations above for return to play.
6. Individuals who may be at increased risk of COVID-19 (including but not limited to age >65y/o, chronic cardiac or respiratory conditions including hypertension or diabetes, or have an immunocompromised state) should seek guidance by their medical professional as to their participation.

**Daily Training Medical Considerations**

1. The participant should conduct a daily temperature check for low grade fever (>100.4.) at home before training. If you have a fever, do not go to training.
   a. If thermometers are not available, conduct a daily health questionnaire in line with the “Coronavirus Self-Checker,” made available by the CDC.
2. Do not participate in activities if you have any of the symptoms listed below.
   a. COVID exposure in past 14 days
   b. Sore throat
   c. Shortness of breath/difficulty breathing
   d. Fever >100.4 F
   e. Chills
   f. Headache
   g. Sinus congestion
   h. Cough persistent and or productive
   i. Joint aches and soreness
   j. Vomiting or diarrhea
   k. Rash
3. Do not go to training facilities or fields with any of the above symptoms. Remotely communicate your health status to coaches, instructors, team administrators, or medical staff within 24 hours of your training session. Parents (and not the minor player) should communicate with the club or coach, in accordance with the Safe Soccer Framework and the U.S. Center for SafeSport policies and guidance. Speak to a physician and follow CDC guidelines on self-quarantine.
4. Should a member of your household be experiencing the symptoms above, the family member should consult a physician. Follow the recommendations listed for medical clearance outlined in this document.
5. Maintain all recommended hygiene habits outlined by the CDC.

Preparing To Host A Training

1. All trainings should be hosted outdoors.
2. Limit coaches, referees, administrators, instructors and staff attendance to allow for social distancing.
   a. Create a staff plan based on levels of interactions with players. Consider:
      i. Staff with significant/high interactions – direct interactions while participating (ex: coach, referee, instructor)
         1. Limit movements around the facility/environment (ex: designate a set classroom or field per staff member with high interactions).
         2. Maintain the same groupings for activities to limit unwarranted exposure (ex: a coach should coach the same team consistently).
      ii. Staff with moderate interactions – may have interaction before or after training (ex: parents, front desk worker)
3. Create a training plan that organizes coaches and participants into small groups (maximum of nine players and one coach allowed, or less, based on state/local social distancing guidelines).
   a. These groups should remain as consistent as possible throughout Phase I.
   b. There should be no more than two small groups on a regulation-size field at any time. These groups should be organized on opposite sides of the field. They should not train together or share equipment (including balls). Players and coaches should maintain all social distancing guidelines before, during and after training.
4. Ensure your facility and fields have extensive signage and information available regarding safety precautions to prevent the spread of COVID-19.
5. Develop a schedule for increased, routine cleaning and disinfection.
   a. Clean and disinfect your facilities according to CDC hygiene standards, paying particular care to high-traffic areas.
   b. Clean and disinfect restrooms according to CDC hygiene standards.
      i. Organize a queuing system that ensures only one person uses the restroom at a time, and all participants waiting for the restroom can maintain social distancing.
   c. Clean and disinfect all locker rooms and changing rooms. The use of locker rooms and changing rooms is discouraged in Phase I. Consider providing signage encouraging participants to change at home in advance of training.
   d. Clean and disinfect all equipment according to CDC hygiene standards.
      i. Determine what equipment may need to be “off limits” to ensure safety or social distancing.
      ii. Consider organizing activities around limited equipment usage (ex: only balls and cones during training).
6. Communicate your health & safety guidelines to all participants.
   a. Share a plan or playbook ahead of time to coordinate actions on site.
   b. Outline arrival protocols (recommendations below).
   c. Establish processes for the beginning or end of activities.
   d. Include all hygiene recommendations.
   e. Adhere to all local regulations.
7. For contact tracing purposes, maintain a list of all facility users, participants at trainings, and attendees, etc. For privacy purposes, the list should be securely stored and not shared publicly. In the event that someone participating in your activities becomes ill, refer to this list for “tracking or tracing” to determine who at your Club may have been directly exposed to illness, and advise them accordingly. Include the items below in your contact tracing list. For minors, use a parent’s contact information.
   a. Date
   b. Venue
   c. Name
   d. Phone
   e. Email Address of participants
   f. Specific training session i.e. time/field/coach etc.

Getting Ready For Training

1. Prepare and pack your water bottle for training.
   a. Each player is recommended to bring at least two bottles of water to training, to limit the need for refills. You should not share water bottles and are not recommended to use public water fountains.
   b. Clearly mark your name on your water bottle.
2. Get dressed at home in your training gear so that you can arrive to the training site ready to play, without needing to use locker rooms or changing areas.
3. Participants are recommended to pack and bring to training personal sanitizing supplies, including hand sanitizers. Sanitizing materials should be clearly marked and not shared.
4. Follow PPE (face mask) procedures outlined.
5. Wash your hands before departing for training.
6. Conduct a daily temperature check for low grade fever (>100.4.) at home before training. If you have a fever, do not go to training. Consult your physician.

Travel To Training

1. Travel with as few people as possible to training (ex: one parent and one child).
   a. Carpooling or ride sharing is highly discouraged in Phase I. For families who must ride together with no other alternatives:
      i. Only rideshare with a family or individual who has practiced appropriate distancing and sheltering requirements established by their local government or public health officials.
      ii. Rideshare with the same individuals each training.
      iii. Ensure that all passengers have passed both the preliminary and daily clearance requirements outlined in this section.
      iv. Maintain safe distancing within the vehicle during loading, transport and unloading.
      v. Limit the number of stops between departure site and training destination.
      vi. Wear your PPE in the vehicle.
      vii. In accordance with the Safe Soccer Framework and the U.S. Center for SafeSport policies and guidance, minor and an adult who is not the minor player’s parent/legal guardian should not be alone in the vehicle together.
Arrival To Training

1. When conducting small group sessions, each group should be provided with a specific and different training time (e.g. Group A trains at 6pm, Group B trains at 7pm, etc.).
2. Assign areas to enter the field and area where to exit the field to prevent crossover.
3. Work with your groups to stagger individual arrival times so that participants can enter the facility or field individually.
   a. Designate an “entrance” time for each coach and player.
   b. Participants should wait in their cars until their specific time to enter the facility or field.
   c. It is recommended that only the participant departs the vehicle.
   d. It is recommended that the driver either leaves the training facility or stays in the parking lot, remaining in the vehicle and observing all social distancing guidelines.
4. Participants should use hand sanitizer to sanitize hands upon arrival.

Checking In At Training

1. Clubs and staff should maintain an accurate attendance list for training periods.
2. Create a Check-In Station adhering to social distancing guidelines.
   a. Upon arrival, the participant should be asked a series of health screening questions, aligned with the CDC’s “Coronavirus Self-Checker”, to affirm medical clearance to participate. The coach, a staff member or a designated “Safety Officer” can be responsible for asking health screening questions.
   b. The station should provide appropriate products to sanitize your hands.
   c. Only one participant should check-in at the station at a time. Should a line form at the check-in station, those waiting should ensure they practice safe social distancing of 6ft.
3. As an alternative to Check-In Stations, consider creating a virtual check-in process, including a daily symptoms questionnaire. Ensure the Club follows privacy laws if gathering and storing this information electronically.

Preparation Areas

1. Plan ahead to prepare the field to best accommodate social distancing.
2. Consider creating “personal prep stations.”
   a. Set up a line of cones 6-feet apart in an area to the side of the training field.
   b. Arrange one cone per participant (player, coach, referee, administrators, etc.)
   c. When a participant arrives, designate a cone as their “personal prep station” for the duration of the training session. The individual should place their bags, water bottles, towels, etc. at this cone.

Masks / Face Covers / Personal Protective Equipment (PPE)

1. All participants (coaches, players, referees, instructors, administrators) are recommended to wear new or clean PPE upon arrival, departure and when not physically active during activities.
2. PPE should cover the nose and mouth, be breathable, consist of cotton or wick-type material and follow CDC guidelines.
3. PPE should be new or clean for each training session; and disposed or thoroughly cleaned after each training session.
4. Provided all screening, hygiene and social distancing measures are followed, masks are not mandatory for players/coaches/referees/instructors/participants during exertional moments of training (i.e. when physically active). PPE may obscure vision, increase respiratory challenges, or increase other injury risk while being physically active.
   a. For players and team/club staff that choose to wear PPE while physically exerting themselves, the following should be considered:
      i. Discuss with your primary care physician if any medical conditions predispose you to avoid the use of a face cover while participating in physical activity.
      ii. PPE should be breathable and not prevent or disrupt ventilation.
      iii. PPE should not obscure the individual’s vision.
      iv. PPE should not pose a risk to another participant.
      v. PPE should be in good maintenance, at the responsibility of the individual.

5. Guidelines may change based on evolving medical and health information, as well as local state or federal guidelines.

For Parents and Guardians

1. Parents and guardians should be thoroughly aware of all safety recommendations, and ensure their family follows them.
2. Parents and guardians should support the coach and organization in adhering to all safety recommendations.
3. Parents and guardians are not encouraged to attend training and should stay away from the training field.
   a. Accompanying parents and guardians are encouraged to stay in their cars or depart the area while their child is training.
   b. If necessary, the hosting organization may consider arranging a designated area for parents. However, this area should be carefully arranged to ensure all social distancing protocol is followed.
   c. Note that anytime there is one coach alone with players, there should be one adult (designated parent or club staff) observing from a distance, in accordance with the Safe Soccer Framework and the U.S. Center for SafeSport policies and guidance.
4. Parents and guardians should not congregate together and should follow social distancing guidelines.
5. Parents or guardians should have the contact information of relevant staff.
VI. **Equipment Management**

**Team Equipment**

1. Field set-up should aim to use minimal equipment to limit transmission of virus.
   a. Players should not pick-up field equipment, move goals or handle other necessary training equipment.
2. Where able, clubs are recommended to provide soccer balls for training.
   a. The club or coach should ensure that the balls are sanitized before and after each training.
   b. Players are not recommended to bring their own balls. Should the training be structured whereby players bring their own balls, a parent or adult should ensure it is sanitized before and after training.
3. Players are not required to have an individual designated ball for training.
   a. The use of shared balls between players is allowed in foot drills with avoidance of the use of hands.
   b. Field players should not handle soccer balls with their hands unless wearing gloves.
   c. A notable exception is for goalkeepers. For goalkeeper training, soccer balls should not be shared. Plan for one soccer ball per goalkeeper.
      i. If the goalkeeper is involved in an activity with field players and using his or her hands, use the goalkeeper’s designated ball(s).
4. All field equipment (e.g. balls and cones) should be disinfected prior to the start of the session with anti-bacterial of at least 60% ethanol or 70% isopropanol.
5. Where possible, general team bibs should not be used.
   a. The coach is recommended to make a plan in advance of training and as necessary suggest a specific training gear color for players to arrive in.
      i. Alternatively, clubs could temporarily issue team bibs to players for the duration of Phase I. Players would be responsible for bringing these bibs to training and washing them after training. Issued bibs should be clearly labeled and not shared or rotated amongst players during training.
   b. If team bibs are used, they should only be used by one player and not shared or rotated amongst players.
      i. If team bibs are used, they should be placed at personal station ahead of player arrival, instead of handed out by coaches/staff.
      ii. Any team bibs used should be washed by the club afterwards in order to decrease the transmission of the virus.

**Individual Equipment**

1. All individual training gear should be cleaned and disinfected after every session.
2. Where possible, players are not recommended to bring their own balls.
   a. If balls are brought by the individual player, the player should ensure it is sanitized before and after training.
3. All participants should arrive in their training gear.
4. All personal equipment should be cleaned, disinfected and properly stored after every session. This includes cleats, shin guards and headbands (if re-usable).
5. For players who use mouthguards, once the mouthguard is placed in mouth, it should never be taken out during practice to limit the transmission of virus.
   a. If for some reason the mouth guard has been in contact with hands or the floor/ground, the mouthguard should not be re-used until it has been washed thoroughly. Wash your hands thoroughly after washing the mouthguard.
6. Upon arrival home, players should immediately wash hands, bathe including washing hair, and launder/clean items used.
VII. **Training Session Management**

To illustrate training options during Phase I, sample training sessions provided at the end of this document.

**Training Sessions Considerations**

1. All training sessions during Phase I should be created and executed in compliance with social distancing guidelines and no more than nine (9) players and one (1) coach.
2. Players should be set up in individual spaces, large enough for players to be respectful of social distancing. The space provided should therefore be at >6 square feet per player. Example: activity area for 6 players should be a minimum of 36 square feet.
3. The coach should not be within six feet of any player.
4. Progressions between activities should be set up prior to players arriving to enable smooth transition and negate the need for players to move equipment. The players should not move or set up equipment.
5. Whenever possible and if space allows, assign areas for warm up and cool down.
6. Throw-ins should be avoided during Phase I.
7. There should be no heading the ball during Phase I.
8. No participants should touch each other before, during or after training. This includes hugs, high-fives or as part of training activities.

**Physical Considerations**

1. Due to stay-at-home guidelines throughout the country, many players have been unable to train and have been less active while at home. Players may not be physically prepared to return to full intensity training and as a result, are at greater risk for injury or illness should they be placed in a full-intensity training environment.
   a. Trainings are recommended to be no longer than 60 minutes during Phase I.
   b. Coaches should carefully assess their players’ fitness levels to best plan for and manage the volume, intensity and frequency of early return-to-play trainings.
   c. Do not do “too much, too soon.” Avoid greater risk of injury and illness by gradually reintroducing players to play in a safe and progressive manner.
   d. Coaches should plan to progress to full intensity training over 2-4 weeks.

**Communication During Trainings**

1. Team communication in confined spaces should be avoided.
2. Team talks during practice should only take place in an open space and with all participants maintaining social distancing.
3. Coaches should always wear PPE when communicating with players to prevent COVID-19 particles spreading in the air.
4. Tactical discussions should be provided in digital format, if possible.
5. Team meetings in closed environments should be avoided at all costs. If necessary, to be held indoors, everyone must wear a mask.
Gym and Strength Workouts

1. The use of gyms and confined indoor training spaces are highly discouraged in Phase I.
2. Strength and conditioning work that may normally be carried out in a gym should be adapted and conducted on the field.
   a. Body-weight exercises are encouraged in order to avoid using equipment.
   b. Minimal equipment should be used whenever possible.
   c. Equipment should be sanitized after every use.
3. If indoor gym workouts must take place, all participants should follow social distancing guidelines.
   a. Participants should wear PPE throughout indoor training, except in moments of significant exertion whereby a face covering might increase respiratory challenges, obscure vision or increase other injury risk.
   b. Equipment should be sanitized after every use.
4. A 10-15 minutes break between indoor gym work-out sessions to allow time for cleaning equipment and the room.
VIII. **Wellness: Nutrition, Hydration and Mental Wellbeing**

**Resources**

Parents, guardians, coaches and players are encouraged to refer to U.S. Soccer’s ‘Recognize to Recover Nutrition and Hydration Guidelines’ for a full overview on nutritional and hydration practices. Learn more about the 3 R’s of recovery from play (rehydrate, refuel and rebuild).

[http://www.recognizetorecover.org/nutrition-hydration#supplements](http://www.recognizetorecover.org/nutrition-hydration#supplements)

**Hydration**

1. Participants should clearly label their water bottles with their own name.
2. Participants should not touch anyone else’s bottle.
3. It is recommended that each participant brings at least two drinks bottle to training (e.g. 2 x 32oz bottles). This will limit the need to refill bottles onsite.
   a. If a refill station is necessary, ensure there is a handwashing station nearby or provide hand sanitizer to use before refilling.
4. Single-use bottles should be discarded of immediately on site.
5. Water breaks should adhere to social distancing guidelines. When there is a water break during training, participants should make their way to their personal station, and drink only from their own bottle.
6. Fluid breaks are recommended at least once every 15 minutes, but will largely be dictated by the duration/intensity of the session.
7. As we head into summer, all organizations, clubs, teams, coaches and players should follow the heat policy outlined by Recognize to Recover [here](http://www.recognizetorecover.org/nutrition-hydration#supplements).
   a. Heat-related illnesses, such as heat exhaustion and exertional heat stroke (EHS), can be serious and potentially life-threatening conditions which can be brought on or intensified by physical activity. Recognizing the signs and symptoms as early as possible allows for treatment and rapid recovery with hydration and cooling down the individual.
   b. Follow heat acclimatization guidelines during preseason practices and conditioning.
   c. Ensure appropriate hydration policies are in place with athletes having unlimited access to water, especially in warm climates.
   d. Educate staff on the signs and symptoms of heat related illness and early management.

**Nutrition Strategies to Support Activities & Immune Function**

1. Consume enough calories to meet training/daily life needs
   a. Show up for training adequately fueled
      i. Protein: maintain adequate intake throughout the day (main meals and snacks).
      ii. Carbohydrate: adjust intake to training duration/intensity, and prevent low carbohydrate situations.
2. After strenuous exercise, athletes enter a brief period of time in which they experience weakened immune resistance and may be more susceptible to viral and bacterial infections.
   a. Vitamin D is one of the most important markers in immune health and Vitamin C has been found to support immune health during intense/lengthy training periods. Daily consumption of food sources that are high in Vitamin C and Vitamin D are encouraged to further support immune health.
      i. Foods high in Vitamin C include: kiwi fruit, bell peppers, strawberries, oranges, broccoli, tomatoes, kale.
      ii. Foods high in Vitamin D include: salmon, mackerel, eggs, mushrooms, cow’s milk, yoghurt, fortified cereals, fortified orange juice.
3. If having snacks, shakes, nutritional supplements, or protein powder at training, the participants should bring their own and not share with other participants.

4. Participants should wash their hands before consuming any post-training snacks and/or shakes.

**Mental Wellness**

1. During this unprecedented time, our lives have been disrupted. Training, playing and even watching sports is different in our current landscape. This crisis can cause negative impacts on our mental and emotional wellbeing. It is important to be aware of the impact this can have on our health so we can help ourselves. Self-care and knowledge of resources that are available are helpful in times of crisis. You may be experiencing a range of emotions, including:
   a. Anxiety
   b. Stress
   c. Sadness
   d. Worry or fear
   e. Loneliness
   f. Or other uncomfortable emotions

2. Social distancing can feel like you have to be socially isolated, but it’s important to remember that this is not the case.
   a. You can still safely talk and interact with teammates and colleagues while following simple safety guidelines:
      i. Staying 6ft apart where possible
      ii. Maintaining good hygiene
      iii. Avoid physical contact (ex: use Air-high fives as opposed to regular contact high fives)
      iv. Stay home when you are sick

3. You can find additional resources for mental health during COVID 19 at U.S. Soccer’s Recognize to Recover web page.
IX. Additional Resources

- USOPC Coronavirus Resources
- USOPC - Coping with the Impact of Coronavirus for Athletes
- CDC Coronavirus Updates
- CDC Advice - How to Protect Yourself and Others
- CDC - Consideration for Youth Sports
- CDC - Workplace Decision Tree
- CDC - Camp Decision Tree
- CDC - Community Mitigation Strategies
- FIFA COVID-19 Resources
- WHO Hand Washing Steps (Video)
- WHO Mass Gathering Guidelines Worksheet
- WHO Advice for Public
- US Center for Safe Sport Digital Safety
- US Soccer Recognize to Recover – COVID-19 and Mental Health

Contributions Recognition

This document was created through the broad collaboration of U.S. Soccer departments, including: High Performance – Sports Science & Sports Medicine, Youth National Teams, Coaching Education, Referee Education, Sport Development, Member Programs, Commercial, Brand, Events, Communications, Legal, and Development.
Sample Training Session

**Age:** U-11 & U-12 / 9v9 / 8 Players  
**Duration:** 45 min

### WARM-UP

**OBJECTIVE:** Physical activation, individual technical ball work  
**ORGANIZATION:** Each player with a ball in their assigned workspace (10 x 10 yds). Players warm up with individual ball gymnastics, juggling combinations, and moves to beat a player, according to the discretion of the coach and the needs of the players.

### ACTIVITY 1

**OBJECTIVE:** Improve agility, quickness, change of speed with ball  
**ORGANIZATION:** Players are paired up on either end of a neutral zone. One player is the attacker, the other a defender. Players cannot cross over into the neutral zone in between them. The attacker has the ball and for 30-45 seconds must try to fake out the defender and dribble left or right to the pole (flag) before the defender can do the same on their own side. Players keep score and take turns attacking and defending.

### ACTIVITY 2

**OBJECTIVE:** Improve passing  
**ORGANIZATION:** Players now use the same space from Activity 1 to work on technical passing 8-10 yards away. Types of passes and reception can vary (one touch, diagonal, etc.) according to the discretion of the coach and the needs of the players.

### ACTIVITY 3

**OBJECTIVE:** Improve passing with passive opposition  
**ORGANIZATION:** Field is divided into 3 zones (15 x 8 each). Each zone is divided in half by a cone. One player is allowed in each zone and must remain within this zone during play. The two players in the middle zone try to block penetrating passes from the outer two zones, who are trying to score points by connecting passes with each other through the middle zone. Points can be awarded for passes connected and passes intercepted, or players can decide on scoring.
Sample Training Session

**Age:** U-13 / 11v11 / 8 Players  
**Duration:** 55 min

### WARM-UP

**OBJECTIVE:** Physical activation. Getting players re-oriented with physical training, soccer movement.
**ORGANIZATION:** Players begin with light, slow movement and then progress into designated stations. Players must maintain 5-10 ft. between them at all times and use cones as a reference. Players should utilize dynamic stretching, physical activation exercises before, during, and after agility rounds to help re-orient their bodies with the physical demands of the game and prepare for the next activities.

### ACTIVITY 1

**OBJECTIVE:** Technical Passing, preparation for passing patterns and attacking build up play.  
**ORGANIZATION:** Players are paired up. One pair passes north-south, while the other passes east-west. Players use a variety of passing and receiving techniques as designed by the coach and based on the needs of the players. While passing, players must be aware of the ball traveling across their own passing lane and need to time their passes to avoid having the balls collide.

### ACTIVITY 2

**OBJECTIVE:** Improve precision passing and receiving  
**ORGANIZATION:** Players are now in groups of 4 in a diamond shape and in their assigned workspace. Players start passing patterns at one end of the diamond. A variety of patterns can be used according to the discretion of the coach and the needs of the players. Players should rotate positions every two to three rounds to experience different technical challenges in passing and receiving at different angles and distances.

### ACTIVITY 3

**OBJECTIVE:** Shadow build up play in the opponents’ half to goal.  
**ORGANIZATION:** 6 v 0 Build up shadow play to goal. Ball starts at the half with the deepest player. Players incorporate a variety of build-up patterns in order to move the ball forward and find a shot to goal. Patterns can vary at the discretion of the coach and/or the creativity of the players.