

INSPIRED

COMMITTED

EASTERN CONNECTICUT MEN'S SOCCER

ID CLINIC

To provide student-athletes the opportunity to receive instruction from college coaches

December 3, 2016

Eastern Connecticut State University

Registration: 12noon Clinic: 12:30-4:30pm

High School Students

\$110

- Coached by Eastern Staff**
- Food**

- Training Instructional Matches**

- Admissions Information Campus Tour**

EASTERN E SOCCER

Register online at WWW.ECSUYOUTHSOCCERCAMP.COM

Space is limited to 30 participants

Register on line at www.ecsuyouthsoccercamp.com

or return the form below with payment made payable to: ECSU Foundation

Mail To: Greg DeVito Men's Soccer Office, 83 Windham Street Willimantic, CT 06226

Please call with questions: 860-465-4334

Name _____ Email _____

Address _____

City _____ State _____ Zip _____

Phone _____ Position _____ Grade (Fall 2016) _____

I certify that the applicant is in excellent physical health and is capable of participating in a strenuous activity, to with soccer. I further certify that I give my permission to him/her to participate in the soccer and fitness training being conducted by Greg DeVito, and Staff. I also agree to hold harmless the directors as stated above, ECSU, it's staff, agents, host site and employees from any and all injuries sustained by the participant during his/her participation in the soccer and fitness training. In case of emergency, I grant permission for the applicant to be given treatment at a local hospital. Any expense arising from injury or illness is the responsibility of parental insurance coverage. I have read and fully understand this release statement.

Signature of parent or guardian

Date

Physician: _____ Phone: _____

Insurance Company : _____

Name of Insured: _____

Policy #: _____ Group #: _____

Emergency Contact : _____ Phone #: _____