

PLEASE **PRINT** NEATLY AND  
MAIL WITH PAYMENT OR REGISTER ON LINE  
AT  
[WWW.EASTERNYOUTHSOCCERCAMPS.COM](http://WWW.EASTERNYOUTHSOCCERCAMPS.COM)

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

T Shirt Size (Circle) AS AM AL AXL

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Parents Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

I hereby give permission for my child to attend the Cromwell/Middletown Preseason Camp. I declare that he or she is in good health and able to participate in camp activities. In addition, I authorize the Director/s of the camp to act for me according to his best judgment in case of an emergency which requires medical attention. I will not hold Eastern Youth Soccer Camps LLC or camp staff responsible in case of injury as a result of participation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

REGISTER ONLINE

[WWW.EASTERNYOUTHSOCCERCAMPS.COM](http://WWW.EASTERNYOUTHSOCCERCAMPS.COM)

**Checks payable to:**

**EASTERN YOUTH SOCCER CAMPS**

**Mail to:**

**EASTERN YOUTH SOCCER CAMPS**

**306 WINDHAM ROAD**

**Willimantic, CT 06226**

**ATTN: CHS/MHS TEAM CAMP**

# CROMWELL/MIDDLETOWN HIGH SCHOOL BOYS' SOCCER 2017 PRESEASON CAMP

**FOR:  
INCOMING 9<sup>TH</sup> GRADERS  
THRU 12<sup>TH</sup> GRADERS**

**WHEN:  
AUGUST 13 5-8PM  
AUGUST 14 5-8PM  
AUGUST 15 5-8PM**

**WHERE:  
CROMWELL HIGH SCHOOL**

**TUITION:  
\$100**

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