

INSPIRED

COMMITTED

EASTERN CONNECTICUT MEN'S SOCCER

ID CLINIC

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

December 2, 2017

Eastern Connecticut State University

Registration: 11:30am Clinic: 12-4pm

High School Students

\$125

Coached by

Eastern Staff

Food

Training

Instructional

Matches

Admissions

Information

Campus Tour

EASTERN SOCCER

Register online at WWW.EASTERNYOUTHSOCCERCAMPS.COM

Space is limited to 30 participants

Register on line at www.easternyouthsocccamps.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 2017) _____

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 #: _____