

PLEASE **PRINT** NEATLY AND
MAIL WITH PAYMENT OR REGISTER ON LINE
AT

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

Checks payable to:

EASTERN YOUTH SOCCER CAMPS

Mail to:

EASTERN YOUTH SOCCER CAMPS

306 WINDHAM ROAD

Willimantic, CT 06226

ATTN: SWHS TEAM CAMP

SOUTH WINDSOR HIGH SCHOOL BOYS' SOCCER 2017 PRESEASON CAMP

**FOR:
INCOMING 9TH GRADERS
THRU 12TH GRADERS**



**WHEN:
AUGUST 20 5-8PM
AUGUST 21 5-8PM
AUGUST 22 5-8PM**

**WHERE:
SOUTH WINDSOR HIGH SCHOOL**

**TUITION:
\$100**

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