



**OUR PROGRAM** Eastern Youth Soccer Camps is proud to present its 5th boys high school league clinic. Teams will receive technical and tactical instruction through training and playing games against other high school teams. Head Eastern Coach Greg DeVito, the Eastern coaching staff and current college players will run the training sessions and coach the games.

Our goal is to provide the best level of competition for all teams involved. We also expect that all participants conduct themselves in an appropriate manner at all times. We will provide a competitive environment and demand teams show mutual respect.

Teams will play 8v8 (7v7 plus keeper) on 75x50 yard fields with full size goals.

Each team will participate in 7 sessions playing against other high school teams including a jamboree on the last date August 9.

The jamboree will be a round robin tournament with instruction from Eastern coaches and staff and food provided at the conclusion.

Each team will receive t-shirts up to a maximum roster size of 14.

**ELIGIBILITY** Boys in grades 8-11 (Spring 2017)

**LOCATION, DATES AND TIMES** All sessions will be held at Eastern Connecticut State University's lighted Mansfield Athletic Complex (field turf).

**GPS: 1 Mansfield City Road, Mansfield, CT**

July and August Wednesday and Sunday nights

**TEAM REGISTRATION, WAIVER AND ROSTER INFORMATION**

Please register at [WWW.easternyouthsocccamps.COM](http://WWW.easternyouthsocccamps.COM) or by mail using the form attached. The preferred registration deadline is June 15, 2017. Payment is due at the time of registration. However, spots are filled on first come first served basis. A team roster and individual waiver for every player participating is required. The team roster and individual waivers for each player should be received together/at the same time in one envelope for the entire team prior to the first session. Mail to ECSU Men's Soccer Clinics, 306 Windham Road, Willimantic, CT 06226. These can also be scanned as one document and emailed to: [easternyouthsocccamps@gmail.com](mailto:easternyouthsocccamps@gmail.com).

**FEE** \$600 per team

**REFUNDS** Refunds will not be given to teams that withdraw from the league or teams that display inappropriate behavior. If we have to cancel due to weather, we will make every effort to reschedule.

# **HIGH SCHOOL LEAGUE CLINIC**

## **TEAM REGISTRATION FORM**

**High School** \_\_\_\_\_

**Contact Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Town** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Brief Assessment of your team's ability** \_\_\_\_\_

**Please mail completed registration form and \$600 check payable to  
"Eastern Youth Soccer Camps" to:**

**Eastern Youth Soccer Camps  
306 Windham Road  
Willimantic, CT 06226**

**Registration may also be completed on line at [www.ecsuyouthsoccercamp.com](http://www.ecsuyouthsoccercamp.com)**

**Preferred registration deadline is June 15, 2017. However, spaces filled on first  
come first served basis.**

**Rosters and waivers must be received prior to first game. Mail to above address  
or scan and email to [easternyouthsocceramps@gmail.com](mailto:easternyouthsocceramps@gmail.com)**

# HIGH SCHOOL LEAGUE CLINIC

## TEAM ROSTER FORM

High School \_\_\_\_\_

***\*\*Please print neatly\*\****

	<b>First and Last Name</b>	<b>Email</b>	<b>T Shirt Size: S M L or XL</b>	<b>Grade: 8<sup>th</sup>, Freshman, Sophomore, Junior (as of Spring, 2017)</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				
<b>14</b>				

# HIGH SCHOOL LEAGUE CLINIC

## PLAYER WAIVER

(Required for each player on roster)

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade (Spring 2014) \_\_\_\_\_

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 Eastern Soccer, and Staff. I also agree to hold harmless the directors as stated above, EYSC, 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 \_\_\_\_\_

Primary Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_