



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.

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) and or possibly Tolland High School if our turf is being replaced.

GPS: 1 Mansfield City Road, Mansfield, CT

July and August Wednesday and Sunday nights

TEAM REGISTRATION, WAIVER AND ROSTER INFORMATION

Please register at WWW.easternyouthsocceramps.COM or by mail using the form attached. The preferred registration deadline is May 1. 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: easternyouthsocceramps@gmail.com.

FEE \$600 per team (you can save the on line fee if you register by mail!!)

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

**Preferred registration deadline is May 1. 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**

HIGH SCHOOL LEAGUE CLINIC

TEAM ROSTER FORM

High School _____

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

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

HIGH SCHOOL LEAGUE CLINIC

PLAYER WAIVER

(Required for each player on roster)

Name _____ Email _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date of Birth _____ Grade (this Spring) _____

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 #: _____