

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 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: CHS TEAM CAMP

CROMWELL HIGH SCHOOL BOYS' SOCCER 2018 PRESEASON CAMP

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



**WHEN:
AUGUST 19 9am-noon
AUGUST 20 9am-noon
AUGUST 21 9am-noon**

**WHERE:
CROMWELL HIGH SCHOOL**

**TUITION:
\$100**

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