

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

## Panthers Boys Soccer 2019 Preseason Camp

### WHO: 9-12 graders



### WHEN: August 12, 14 and 16 9am to noon

### WHERE: Cromwell High School

### TUITION: \$110

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