

INSPIRED

COMMITTED

# EASTERN CONNECTICUT MEN'S SOCCER

## ID CLINIC

To provide student-athletes the opportunity to receive instruction from college coaches

### December 8, 2013

Eastern Connecticut State University

Registration: 11:30am Clinic: 12:00noon-5:00pm

High School Students

\$100

- Coached by Eastern Staff
- Food

- Training Instructional Matches

- Admissions Information Campus Tour

Register online at [WWW.ECSUYOUTHSOCCERCAMP.COM](http://WWW.ECSUYOUTHSOCCERCAMP.COM)

Space is limited to 40 participants

Register on line at [www.ecsuyouthsocccercamp.com](http://www.ecsuyouthsocccercamp.com)

or return the form below with payment made payable to: ECSU Foundation

Mail To: Greg DeVito Men's Soccer Office, 83 Windham Street Willimantic, CT 06226

Please call with questions: 860-465-4334

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

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Position \_\_\_\_\_ Grade (Fall 2013) \_\_\_\_\_

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 Greg DeVito, and Staff. I also agree to hold harmless the directors as stated above, ECSU, 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

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

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