



HIGH SCHOOL LEAGUE CLINIC 2014

OUR PROGRAM Eastern Connecticut State University Men's Soccer is proud to present its 2nd 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 be run the training session 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 10.

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 16.

ELIGIBILITY Boys in grades 8-12 (Spring 2014)

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 13, 20, 23, 27 and 30 August 3 and 10

Session start times: Evening/Night

TEAM REGISTRATION, WAIVER AND ROSTER INFORMATION

Please register at WWW.ECSUYOUTHSOCCERCAMP.COM or by mail using the form attached. The preferred registration deadline is June 1, 2014. Payment is due at the time of registration.

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, 83 Windham Street, Willimantic, CT 06226. These can also be scanned as one document and emailed to: ecsusocccercamp@aol.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.



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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
"ECSU Foundation" to:

ECSU Men's Soccer Clinics
83 Windham Street
Willimantic, CT 06226

Registration may also be completed on line at www.ecsuyouthsoccerclub.com

Preferred registration deadline is June 1, 2014

Rosters and waivers must be received prior to first game. Mail to above address
or scan and email to ecsusoccerclub@aol.com





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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 or Senior (as of Spring, 2014)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				



EASTERN YOUTH SOCCER CAMPS

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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, 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

Primary Physician Name: _____ Phone: _____

Physician Address: _____

Insurance Company: _____

Name of Insured: _____

Policy #: _____

Emergency Contact: _____ Phone #: _____

