



# HIGH SCHOOL SOCCER CLINIC

**Date:** December 12, 2010  
**Place:** Eastern Connecticut State University (Turf or Gym)  
**Time:** Registration: 9:30am Clinic: 10am-4pm  
**Ages:** 10-12 graders with interest in playing college soccer  
**Tuition:** \$100

**Tuition includes:**

- Guided campus tour and admissions presentation
- Lunch
- 2 training sessions that will be coached by Eastern Connecticut State University Men's Soccer staff.
- Small sided and or large sided match that will be coached by Eastern Connecticut State University staff
- T-shirt



**Space is limited—Call now to reserve your spot!**

Return the form below with payment made payable to **ECSU**  
 Mail To: Greg DeVito Men's Soccer, 83 Windham Street Willimantic, CT 06226  
 Please call with questions: 860-465-4334  
 Mail By: December 1, 2010 or RSVP to let us know that you are planning on attending

PLEASE PRINT NEATLY

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

Address \_\_\_\_\_ High School \_\_\_\_\_ Shirt Size M L XL

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

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade (Fall 2010) \_\_\_\_\_

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