



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:

- 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
- Guided campus tour
- T-shirt
- Lunch



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 #: _____