

ECSU SOCCER Pre-Season Spring Soccer Camp

⚽ PHILOSOPHY:

"This program provides an organized, competitive and fun environment for the development of soccer specific, age appropriate technique, tactics and fitness. Individual player development is the priority. Skill sessions and individual concepts of attacking and defending will be emphasized through small-sided games. Sessions are run by the ECSU coaching staff as well as past and present players.

⚽ ABOUT THE DIRECTORS:

Chris and Greg offer over 50 years coaching experience between them.

Chirs D'Ambrosio—Head Women's Soccer Coach, former head coach at Coventry HS and NSCAA Advacnced Natioinal Diploma
Greg DeVito—Head Men's Soccer Coach, former head coach at E. O. Smith HS and current coach for West Hartford Premier, holds a National C Coaching License.

⚽ WHEN: Geissler Gymnasium on the ECSU campus
 March 18, 20, 22 Time: 6-8pm

⚽ WHO: Open to boys and girls aged 8-16

⚽ TUITION: \$65 per player (includes t-shirt)

⚽ WHAT PARTICIPANTS WILL RECEIVE:

- 6 hours of soccer experience that will last a life-time
- Individual skill development
- Small-sided games
- Age appropriate instruction
- College coaches and players as counseling staff
- Training t-shirt

⚽ WHAT TO BRING: Your own inflated ball, shin guards, plenty of water

Return the form below with payment made payable to: ECSU
 Mail To: Greg DeVito Men's Soccer Office, 83 Windham Street Willimantic, CT 06226
 Please call with questions: 860-712-7937
 Mail By: March 10th

Name _____ Email _____

Address _____ Youth Shirt S M L

City _____ State _____ Zip _____

Phone _____ Date of Birth _____ Grade (Fall 2007) _____

I certify that the applicant is in excellent physical health and is capable of participating in a strenuous activity, to wit 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, Chris D'Ambrosio, 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: _____

Physician Address: _____ Insurance Company: _____

Name of Insured: _____

Policy #: _____ Social Security Number of Insured: _____

Emergency Contact: _____ Phone #: _____