

LIABILITY WAIVER/PARENT CONSENT

Please provide East Coast Soccer with details of any Medical Problems, Prohibition, or Medications taken (attach additional pages to consent form if necessary).

PLACE
STAMP
HERE

In consideration of being allowed to participate in any way in games, activities and related events, the player and parent/guardian must:

1. Acknowledge and understand fully that the player will be engaging in activities that involve the risk of serious bodily injury and severe social and economic losses which might result not only from his/her own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
2. Agree to hold harmless East Coast Soccer (ECS), and its agents and employees, and hereby release them from any liability on account of injuries sustained by the player while participating in soccer activities.
3. Certify that the player is covered by medical insurance which will reimburse East Coast Soccer for expenses incurred by them, their agents and employees on account of medical treatment ordered at their discretion and also to indemnify them for any expenses not reimbursed by such insurance.
4. Release, waive and discharge from any and all liability and covenant not to sue East Coast Soccer, their respective administrators, directors, agents and other employees of the organization and other participants.
5. Give consent for the player to be photographed, videotaped or filmed while participating in soccer activities and for the resulting photos to be used by East Coast Soccer.
6. I/we understand that my/our child is subject to immediate dismissal if he/she does not comply with the clinic's regulations, or if my/our child's behavior is found to be detrimental to the best interests of the clinic.
7. I/we give consent for our child to receive emergency medical care as seen needed by the ECS staff.
8. Read and understand all of the above. Sign and date below.

Player signature

Date

Parent/Guardian signature

Date



East Coast Soccer Clinics

P.O. Box 275

Newburyport, MA 01950

978-420-8258 or 978-792-6150

www.EastCoastSoccerClinics.com

WHAT TO BRING

Please bring:

Soccer ball (size 4)

Water bottle

Snack

Shin Guards

Socks to cover shin Guards

Athletic apparel (not shorts with zippers, etc.)



East Coast Soccer Clinics



2010

Summer Clinics

Boys and Girls Ages 4-14

Sponsored by:



Newburyport, MA

For more information please contact us at:
contactus@EastCoastSoccerClinics.com

EAST COAST SOCCER – PHILOSOPHY

Our goal is for every player to improve their soccer abilities and further enjoy the game of soccer. Each ECS Coach will provide a positive learning environment which will enable every player to improve their skill, enjoy healthy competition, develop positive peer relationships and acquire life long exercise habits. These goals will be achieved by leading the player through a series of specific soccer instruction, developmental games and challenging techniques!

PROFILES

Shawn Bleau, Co-Director of East Coast Soccer

Shawn is the Head Boys Varsity Coach for Newburyport High School and the U10 Director for the Newburyport Youth Soccer Association. He is a well respected coach in Essex County and throughout Massachusetts at the Town, Club and High School level. He is also a teacher at Newburyport High School, it is clear that he is committed to the development of “NBPT’s” youth and community.

Shawn was a collegiate standout at UMASS Amherst where he captained the team in his Junior and Senior year. Shawn currently plays with the Boston Braves a soccer team that competes in international tournaments.

Brian Kelley, Co-Director of East Coast Soccer

- Assistant men's coach at WPI
- Andover Youth Soccer Advisor
- NBPT Youth Soccer Advisor
- Tewksbury Youth Soccer Advisor

Qualifications:

- Former Director of Coaching for New England Soccer School
- Former Massachusetts ODP U16 Boys Coach
- Former Men's and Women's coach: Defiance College (Ohio) – twice named the HCAC Coach of the Year.
- NSCAA Premier Diploma, passed with Distinction
- Accomplished player at Muhlenberg College, Reading Rage of the USL and trainee with Shelbourne and Verona Football Clubs in Dublin, Ireland.

TIMES AND LOCATIONS

All clinics are from 9:00 - 12:00

Each clinic is \$150.00

Monday June 21 - Thursday June 24

(Rain date Friday June 25)

Pipestave: 694 Main St., West Newbury

Across from Dr. John Page Elementary School - Rte 113/Main S.

Monday June 28 - Thursday July 1

(Rain date Friday July 2)

Newburyport High School: 241 High St., Newburyport

Monday July 12 - Thursday July 15

(Rain date Friday July 16)

Merrimac Town Forest Field: Town Forest Road, Merrimac

(off Winter Street)

Monday July 26 - Thursday July 29

(Rain date Friday July 30)

Cherry Hill Fields: 10 Daniel Lucy Way, Newburyport

Monday August 2 - Thursday August 5

(Rain date Friday August 6)

Cherry Hill Fields: 10 Daniel Lucy Way, Newburyport

Monday August 16 - Thursday August 19

(Rain date Friday August 20)

Merrimac Town Forest Field: Town Forest Road, Merrimac

(off Winter Street)

Monday August 22 - Thursday August 26

(Rain date Friday August 27)

Cherry Hill Fields: 10 Daniel Lucy Way, Newburyport

DAILY CLINIC SCHEDULE

8:45-9:00	Player arrival and sign in
9:00	Official start of clinic – Agility & warm up
9:30	Technical training / Foot skills
10:00	Dribbling, passing, receiving and shooting
10:15	Snack Break
10:30	1v1, 2v1 & 2v2 – Attacking & defending
10:45	Developmental Games
11:00	Small sided Games
11:45	Cool Down
12:00	Players Dismissed

2009 SOCCER CLINIC APPLICATION

To enroll – complete the registration information below (one application per camper), then detach and return the application to East Coast Soccer (ECS) along with a full payment of **\$150** one week prior to the start of the clinic. This payment is non-refundable. Enrollment is limited and will be on a first come, first served basis. A waiting list will be created should a session become full.

Name: _____

DOB: ___/___/___ Male or Female (Please check)

Address: _____

City: _____

State: _____

Zip: _____

Day phone: _____

Evening phone: _____

Cell: _____

Email: _____

Emergency contact name: _____

Emergency contact phone: _____

Please check week(s) registering for:

June 21-24

June 28-July 1

July 12-15

July 26-29

Aug. 2-5

Aug. 16-19

Aug. 22-26

Please make your check of \$150 payable to “East Coast Soccer”.

Amount enclosed: _____

Check #: _____

(Service charge of \$20 is applied if check is returned)

Payment using Credit Card:

Visa

MC

Discover

AMEX

Credit Card #: _____

Exp. Date _____

Sec.Code # _____

AMEX _____

Name as listed on the card _____