

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 _____

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

P.O. Box 275
Newburyport, MA 01950
978-764-3719 or 978-420-8258
www.EastCoastSoccerClinics.com

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



East Coast Soccer Clinics



2009-2010

Indoor Clinics - 5 Week Program

Sportsworld Center
20 Carter st. Tewksbury, MA 01876.

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

Brian Kelley, *Co-Director of East Coast Soccer*

- 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.

Shawn Bleau, *Co-Director of East Coast Soccer*

Shawn is a Head 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.

TIMES AND LOCATIONS

LOCATION: Sportsworld Center which is located on 20 Carter st. Tewksbury, MA 01876.

Please enter through the back parking lot which is accessed by taking a left just before the building.

This is a five week program. \$95.00

Tuesday December 1st, 2009 - Tuesday January 5th, 2010

Ages U4, U5 and U6

3:00 -4:00 PM

Focus: agility training and fun soccer games.

This is a five week program. \$105.00

Tuesday December 1st, 2009 - Tuesday January 5th, 2010

Ages U8 and U10

4:00 -5:00 PM

Focus: Foot skills and fun soccer games that facilitate skill.

This is a five week program. \$105.00

Tuesday December 1st, 2009 - Tuesday January 5th, 2010

Ages U12 and U14

5:00 -6:00 PM

Focus: Foot Skills, dribbling, passing, receiving and shooting.

For all programs above we will focus on skills building in weeks one and two, small sided games on week three and return to skills building for weeks four and five!!

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 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:

U4, U5 and U6 - 5 weeks . **\$95.00**, 12/1/09 - 1/5/2010

U8 and U10 - 5 weeks . **\$105.00**, 12/1/09 - 1/5/2010

U12 and U14 - 5 weeks . **\$105.00**, 12/1/09 - 1/5/2010

Please make your check payable to "ECS".

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 _____