

**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).

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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.

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

# East Coast Soccer Clinics



## TOTS

### Ages 3 – 5

**P.O. Box 275**

Newburyport, MA 01950

978-420-8258 or 978-792-6150

**[www.EastCoastSoccerClinics.com](http://www.EastCoastSoccerClinics.com)**

*For more information please contact us at:*

**[contactus@EastCoastSoccerClinics](mailto:contactus@EastCoastSoccerClinics)**

**9:00 am – 11:00 am**  
**(Also a 9:00 – 10:00 am option)**

## 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 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

### **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:**

- NSCAA Premier Diploma, passed with Distinction
- Former DOC of 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.
- Accomplished player at Muhlenberg College, Reading Rage of the USL and trainee with Shelbourne and Verona Football Clubs in Dublin, Ireland.

## Times and Locations

**Each Clinic is \$125.00**

**9:00 am – 11:00 am**

**Tuesday June 22 – Friday June 25<sup>th</sup>**

**Pipestave: 694 Main St., West Newbury, MA Rte 113/Main St.**

**Monday June 28<sup>th</sup> – Thursday July 1<sup>st</sup>**

**(Rain Date Friday July 2<sup>nd</sup>)**

**Newburyport high School  
Or the Middle School**

**Monday August 2<sup>nd</sup> – Thursday Aug. 5<sup>th</sup>**

**(Rain Date Friday Aug. 27<sup>th</sup>)**

**Cherry Hill Fields: 10 Daniel Lucy Way  
Newburyport, MA**

**Monday August 23<sup>rd</sup> – Thursday Aug. 26<sup>th</sup>**

**(Rain Date Friday Aug. 27<sup>th</sup>)**

**Cherry Hill Fields: 10 Daniel Lucy Way  
Newburyport, MA**

We create a fun interactive setting for the player who is just starting out in soccer!! We will introduce agilities and soccer skills through fun games. Please bring a snack as we will have a brief snack break in order to re-group and “re-energize”.

Please send application and payment to:

East Coast Soccer  
PO BOX 275  
Newburyport, MA 01950

Or, Go to:

[www.eastcoastsoccerclinics.com](http://www.eastcoastsoccerclinics.com)

**and click on Enroll Today to access  
Paypal!!**

## 2010 SOCCER CLINIC APPLICATION

**To enroll** – complete the registration information below (one application per player), then detach and return the application to East Coast Soccer (ECS) along with a full payment. 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 Circle.

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: Zip: \_\_\_\_\_

Day phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

**Please make your check of \$125 payable to  
“ECS”.**

Amount enclosed: \_\_\_\_\_ Check #: \_\_\_\_\_

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

### **Mail Payment to:**

PO Box 275, Newburyport, MA 01950

### **Payment using Credit Card:**

\*Visa \*MC \*Discover \*AMEX

Credit Card #: \_\_\_\_\_

Exp. Date \_\_\_\_ Sec.Code # \_\_\_\_

Name as listed on the  
card \_\_\_\_\_