

EASTERN CONNECTICUT SOCCER

Summer 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 and team work are the focus. Skill sessions and individual concepts of attacking and defending will be emphasized through small-sided games. Sessions are run by the Eastern coaching staff as well as past and present players.”

ABOUT THE DIRECTORS:

Christian D’Ambrosio—Head Women’s Soccer Coach at Eastern, NSCAA Advanced National Diploma, Goalkeeping 1
Ken Goodale – Assistant Coach at Eastern, Northeast United U-17 Girls Coach, NSCAA Advanced National Diploma


 **WHEN/WHERE:** Monday through Friday June 29, 30, July 1, 2, 3 9am-12noon
Eastern Connecticut – Nevers Field/Sports Center

 **WHO:** Open to Boys and Girls age 5 through 14

 **TUITION:** \$100.00 per player (Includes T-Shirt and Prizes)

WHAT PARTICIPANTS WILL RECEIVE:

- 15 hours of soccer experience that will last a life-time – age appropriate instruction
- 9am-10:15am - Individual skill development
- 10:30am-11am – Speed, agility and fitness training
- 11:15am-12noon – small sided games
- College coaches and players as counseling staff

 **WHAT TO BRING:** Your own inflated ball, shin guards, cleats, indoor shoes, water and snack

Return the form below with payment made payable to: ECSU
Mail To: Christian D’Ambrosio Women’s Soccer Office, 83 Windham Street Willimantic, CT 06226
Please call with questions: 860-465-0175
Please mail by June 15, 2009

Name _____ Email _____

Address _____ Adult Shirt XS S M L
Youth S M L

City _____ State _____ Zip _____

Phone _____ Date of Birth _____ Grade (Spring 2009) _____

I certify that the applicant is in excellent physical health and is capable of participating in a strenuous activity. I further certify that I give my permission to him/her to participate in the soccer and fitness training being conducted by, Chris D’Ambrosio, and Staff. I also agree to hold harmless the directors as stated above, Eastern, 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 #: _____