

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).

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



@

Pipestave Fields

June 22nd – June 25th

9:00 am – 12:00 pm

P.O. Box 275

Newburyport, MA 01950

978-420-8258 or 978-792-6150

www.EastCoastSoccerClinics.com

For more information please contact us at:

contactus@EastCoastSoccerClinics

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.

Time and Location

Cost is \$150

9:00 am – 12:00 pm

Tuesday June 22 - Friday June 25

Pipestave: 694 Main St., West Newbury
*Across from Dr. John Page Elementary
School - Rte 113/Main S.*

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

Please send application and payment to:

East Coast Soccer
PO BOX 275
Newburyport, MA 01950

Or, Go to:

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 \$150 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 _____