



EASTHAMPTON HIGH SCHOOL SOCCER CLINIC

For children going into 1st – 8th grade

Time: 9:00 – 12:00 July 19th – 23rd, 2010

Place: White Brook Middle School

Cost: \$70

The EHS varsity boys and girls soccer players, along with their coaches, are offering a fun experience for players wanting to improve their fundamental soccer skills. The daily sessions will end in small sided to full field games, depending on the number of players, to give them an opportunity to use what they've learned. In case of inclement weather the WBMS gym will be used.

Each player will receive a shirt and soccer ball. Players will need to bring shin guards and drinks with them.

Please complete and mail the attached informational form by **June 1** to **David Lauchmen, 21 Summer St., Easthampton, MA 01027**. Make checks payable to EHS Soccer Booster Club.

If there are any questions please contact David Lauchmen, 527-2486.

EASTHAMPTON HIGH SCHOOL
SOCCER CLINIC
PARTICIPANT REGISTRATION/INFORMATION

Name & Age: _____ Grade: _____

Mother's/Guardian's Name: _____

Father's Name: _____

Mother's/Guardian's Address: _____

Father's Address: _____

Mother's Phone #: _____ Mother's Cell Phone #: _____

Father's Phone#: _____ Father's Cell Phone #: _____

Doctor's Name & Phone #: _____

Medical Insurance Co.: _____

Policy #: _____

Person to contact in case of emergency: _____

Their Phone #: _____ Cell Phone #: _____

Allergies: _____

Health Issues: _____

Medication Issues: _____

Shirt size: Small Medium Large Xtra

I give permission for my child to participate in the soccer clinic.

Parent's Signature

Date

Return form and check by June 1st to:

David Lauchmen, 21 Summer St., Easthampton, MA 01027