



UW-L HIGH SCHOOL ELITE SOCCER CAMP
Entering Grades 9-12
August 14, 2016
HOSTED BY UW-LA CROSSE

Info: The High School Elite Camp is a 1-day camp designed to educate and prepare rising freshman, sophomores, juniors, and seniors who are looking to compete at the collegiate level. Participants should be high school and club players who are looking to play collegiate soccer. The camp will introduce the participants to collegiate on-field training, while off-field activities will prepare the participants for the recruiting and admission processes. The camp will include five hours of on-field instruction, a campus tour, and a question and answer session where current staff and players will answer questions about college recruiting to prepare participants for their own college exploration.

Date: Sunday, August 14, 2016

Cost: \$100

Camp Schedule (Field Player):

9:00-9:30am	Check-In
9:30-11:00am	Training Session I
11:00am-1:00pm	Lunch
1:00-2:30 pm	Training Session II
2:30-3:30 pm	General College Recruiting Q&A
3:30-5:30 pm	Training Session III – Matches
5:30pm	Optional Campus Tour

Camp Schedule (Goalkeeper):

8:30-8:45am	Check-In
8:45-9:30am	Goalkeeper Specific Training
9:30-11:00am	Training Session I
11:00am-1:00pm	Lunch
1:00-2:30 pm	Training Session II
2:30-3:30 pm	General College Recruiting Q&A
3:30-5:30 pm	Training Session III – Matches
5:30pm	Optional Campus Tour

Location: Veterans Memorial Stadium Soccer Field on campus of UW-La Crosse

Camp Staff: Head Coach Jason Murphy along with Assistant Coaches Nicole Hirsch and Joe Czerniak. Current and former UW-L soccer players will also assist with the camp.

What to bring: Training gear, shin guards, cleats, walking shoes for tour, bag lunch, snack, and indoor playing shoes.

Visit uwlcamps.com for online registration, printable registration, and more information!

2016 SUMMER HIGH SCHOOL ELITE SOCCER CAMP

Registration Form



Date: Sunday, August 14, 2016
Cost: \$100
Times: 9:00 am – 5:30 pm

Please print clearly. We cannot process incomplete registrations. All information requested must be provided.

Participant's Full Name: _____

Date of Birth: _____ Grade: _____ Age: _____ Position: _____ T-Shirt Size (*adult size*): S M L XL XXL

Second Participant's Full Name: _____

Date of Birth: _____ Grade: _____ Age: _____ Position: _____ T-Shirt Size (*adult size*): S M L XL XXL

Address: _____

City/State/Zip: _____

Emergency Contact Name: _____

Emergency Phone : _____ Emergency Alternate Phone: _____

Email (*necessary for confirmation and camp communication*): _____

Special needs for participant(s): _____

Amount Enclosed: \$ _____

Check enclosed, made payable to: *UW-La Crosse*

Return form to:
*UW-La Crosse Athletic Camps & Clinics
25A Mitchell Hall
1725 State St.
La Crosse, WI 54601*

WAIVER: Registration implies permission for photos, publicity and inclusion in a participant list unless camp director is notified in writing prior to camp. By signing this form I agree to hold harmless and indemnify UW-La Crosse, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my dependent in the course of the camp. I authorize that any medical, surgical, diagnostic and hospital procedures may be performed by a physician on my dependent if I cannot be reached in the event of an emergency.

Parent/Guardian Signature: _____

Date: _____

Visit uwlcamps.com for online registration and more information!