2016 UW-L SUMMER WOMENS SOCCER LEAGUE
HOSTED BY UW-LA CROSSE SOCCER

6v6 Games (5 and a goalkeeper)
Two 25 minute halves, 5 minute half-time
8 Matches

Age: College & high school aged competitive players

Divisions: Women's Open

Dates: June 15, 22, 29
                 July 13, 20, 27

                 Wednesday nights
                 5:30 / 6:30 / 7:30 / 8:30 / 9:30 pm

Where: Veterans Memorial Stadium on campus of UW-L
                 Turf Field

Roster: 12 player maximum

Included: Every team will be given a UW-L Summer Soccer T-Shirt
                 (No jersey purchased needed)

Cost: $450 per team (prior to May 10, 2016)
                 $550 per team (after May 10, 2016)
                 $25 fee (per player) to add players after June 8

Officials: One per field. Any disrespect towards officials will be grounds for dismissal
                 from league.

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

2016 UWL WOMENS SUMMER SOCCER LEAGUE
Registration Form

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

Team Name: _____Team Contact: _____

Contact Phone #: _____ Contact Email: _____

Contact Address: _____City/State/Zip: _____

Team Member Registration: <u>Each</u> team member must read the WAIVER. By entering your information in this table, team member agrees to the terms of waiver.

(Print) First/Last Name	T-Shirt Size	Email Address	Signature (if child/ward under 18)	Emergency Contact Name/Number

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 5460

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.

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