



## 2015 UW-L SUMMER SOCCER LEAGUE HOSTED BY UW-LA CROSSE

6v6 Games (5 and a goalkeeper)  
Two 25 minute halves, 5 minute half-time  
7 game regular season with single elimination playoffs

**Age:** College & high school aged competitive players

**Divisions:** Men's Open, Women's Open

**Dates:** Women: Wednesday nights at 5:30 / 6:30 / 7:30 / 8:30 / 9:30 pm  
June 10, 17, 24, July 8, 15, 22, 29, (August 5 – if needed)  
Men: Thursday nights at 5:30 / 6:30 / 7:30 / 8:30 / 9:30 pm  
June 11, 18, 25, July 1 (Wed.), 16, 23, 30 (August 6 – if needed)

**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, 2015)  
\$550 per team (after May 10, 2015)  
\$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](http://uwlcamps.com) for online registration, printable registration, and more information!

# 2015 UW-L 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: Each 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  
 132 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.