

UW-L HIGH SCHOOL ELITE SOCCER CAMP Entering Grades 9-12 August 13, 2017 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 onfield 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 13, 2017

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 Lukic 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.

Sign up Early - Only a Limited Number of Spots Available

2017 SUMMER HIGH SCHOOL ELITE SOCCER CAMP

Registration Form

Date: Sunday, August 13, 2017

Cost: \$100

Times: 9:00 am - 5:30 pm



Please print clearly.	We cannot process in	ncomplete	registrations.	All information request	ed r	nus	t be	e pro	vided.	
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	М	L	XL	XXL	
Address:										
City/State/Zip:										
Emergency Contact Name	e:									
Emergency Phone :		Emergency Alternate Phone:								
Email (necessary for cont	firmation and camp commu	nication):								
Special needs for particip	ant(s):									
		Amou	ınt Enclosed: \$							
	Check	enclosed, n	nade payable to: (JW-La Crosse						
	U	IW-La Cross 1	Return form to: se Athletic Camps 10 Mitchell Hall 1725 State St. Crosse, WI 54601	& Clinics						
to camp. By signing this liability, loss, damages, co of the camp. I authorize t cannot be reached in the	form I agree to hold harmles osts, or expenses which are hat any medical, surgical, d	ss and inder sustained, liagnostic ar	nnify UW-La Cros incurred, or requir nd hospital proced	articipant list unless camp dire se, their officers, agents, and ed arising out of the actions o ures may be performed by a p	emp f my	loye dep	es fr ende	om a	ny and all the course	
Date:	-									