



2018 WOMEN'S SUMMER SOCCER LEAGUE HOSTED BY UW-LA CROSSE SOCCER

6v6 Games (5 Field & Goalie)
50 min Games: 25 minute halves, 5 minute half-time
8 Matches against like competition
** Doubleheaders some nights*

- Age:** High School & College competitive players
- Divisions:** Majority of games will be against like competition
- Dates:** Wednesday nights
June 13, 20, 27
July 11, 18
- Times:** 5:30 / 6:30 / 7:30 / 8:30 / 9:30 pm
- Where:** UW-La Crosse Soccer Field (Turf)
- Roster:** 10 player maximum
- Included:** Every team will be given a UW-L Summer League T-Shirt
**No jersey purchased needed*
- Cost:** \$45 per player (prior to June 1)
\$60 per player (on or after June 1)
**No exceptions*
- Registration:** Mail sign up only – one per team
One sign up sheet & all checks should be mailed in together

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

2018 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: **Each** team member must read the WAIVER, and sign below. 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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