

## 2018 HIGH SCHOOL GIRLS PRESEASON SOCCER CAMP

March 12-15, 2018 Hosted by UW-La Crosse Soccer

Camp held for High School girls' soccer players to prepare for their upcoming high school soccer seasons

Who: High School Girls Soccer (Grades 9-12)

\*Maximum of 55 participants

**When:** March 12-15, 2018

**Times:** 4:00 – 5:45 PM

New in 2018 - 5:45-6:30PM GK Specific Training! \*Included in registration

Where: UWL Soccer Field (turf)

\* Weather Site: Indoor Fieldhouse & Gymnasium (Mitchell Hall)

**Cost:** \$45 Early Registration prior to March 1

\$60 if Registered on or after March 1

**Instructors:** Jason Murphy, Head Soccer Coach at UWL

Assistant Coaching Staff from UWL Current Soccer Players from UWL

Included: Camp T-Shirt

What to Bring: Outdoor Training Gear, Cleats, Indoor Training Gear, Indoor Shoes, Water Bottle,

Soccer Ball

**Registration:** Available online at <a href="https://www.uwlcamps.com">www.uwlcamps.com</a>

OR by filling out the registration form and sending in

\*Please register in advance

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## **Registration Form**

Please print clearly. We cannot process incomplete registrations. All information requested must be provided.						
First Participant's Full Name: _		T-Shirt Size (adult sizes):	S	М	L	XL
Grade: Age:	High School:	Position				<del></del>
Second Participant's Full Nam	e:	T-Shirt Size (adult sizes):	S	М	L	XL
Grade: Age:	High School:	Position				
Address:						
City/State/Zip:						
Emergency Contact Name:						
mergency Phone :Emergency Alternate Phone:						
Amount Enclosed: \$						
		losed, made payable to: UW-La Crosse				
	UW-L	Return form to: .a Crosse Athletic Camps & Clinics 25A Mitchell Hall 1725 State St. La Crosse, WI 54601				
notified in writing prior to agents, and employees t required arising out of th	camp. By signing this form from any and all liability, los le actions of my dependent	is, publicity and inclusion in a participant lim I agree to hold harmless and indemnify as, damages, costs, or expenses which are in the course of the camp. I authorize the led by a physician on my dependent if I can	UW-I e sus at any	La Cro stained / med	osse, d, inc ical, s	their officers urred, or surgical,
Parent/Guardian Signature:						
Date:						