



2018 SUMMER GOALKEEPER CAMP

June 29 - July 1, 2018

Hosted by UW-La Crosse Soccer

Camp held for youth soccer goalkeepers that want a challenging overnight camp experience. Take your game to the next level with the UWL Eagles!

- Who:** Boys & Girls – Ages 9-18
- When:** June 29th, 2018 (Ages 9-11)
June 29th – July 1st, 2018 (Ages 12-18)
- Where:** UWL Soccer Field (turf)
* Weather Site: Indoor Fieldhouse & Gymnasium (Mitchell Hall)
- Cost:** Ages 9-11: \$100 Day Camp (\$75 Before June 15th, 2018)
Ages 12-18: \$350 for Resident (\$325 Before June 15th, 2018)
\$300 for Commuter (\$275 Before June 15th, 2018)
- Instructors:** Nate Castillo, Camp Director
Jason Murphy, Head Soccer Coach at UWL
Assistant Coaching Staff from UWL
Current Soccer Players from UWL
- Included:** Camp T-Shirt, UWL Scarf, GK Gloves (**Must receive registration by June 15th**), All Meals (Resident), Lunch & Dinner (Commuter), Dinner (Day Camp)
- What to Bring:** Outdoor Training Gear, Cleats, Indoor Training Gear, Indoor Shoes, Water Bottle, Soccer Ball
- Check-in:** June 29th from 1-2pm
*At Eagle Hall
- Check-out:** July 1st 12:00pm
- Registration:** Available online at www.uwlcamps.com
OR by filling out the registration form and sending in
*Please register in advance

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

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June 29 – July 1, 2018

\$350 Resident (\$325 Before June 15th)

\$300 Commuter (\$275 Before June 15th)

\$100 Age 10-11 Day Camp (\$75 Before June 15th)



Registration Form

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

First Participant's Full Name: _____ T-Shirt Size *Youth sizes*: YS YM YL YXL
T-Shirt Size *adult sizes*: S M L XL

Grade: _____ Age: _____ High School: _____ Glove Size: 6 7 8 9 10 11
*Must receive registration by June 15th, 2018

Requested Roommate: _____

Second Participant's Full Name: _____ T-Shirt Size *Youth sizes*: YS YM YL YXL
T-Shirt Size *adult sizes*: S M L XL

Grade: _____ Age: _____ High School: _____ Glove Size: 6 7 8 9 10 11
*Must receive registration by June 15th, 2018

Requested Roommate: _____

Address: _____

City/State/Zip: _____

Emergency Contact Name: _____

Emergency Phone: _____ Emergency Alternate Phone: _____

Email *(necessary for confirmation and camp communication)*: _____

Special needs for participant(s): _____

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 54601

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.

Parent/Guardian Signature: _____

Date: _____