



## 2018 SUMMER YOUTH TECHNICAL TRAINING

Boys & Girls ages 8-18  
Hosted by UW-La Crosse Soccer

- WHO:** Youth Girls & Boys ages 8-18
- SESSIONS:** Include Functional & Positional Training  
Defenders, Midfielders, Forwards  
Central Players, Wide Players, Forwards
- WHEN:** Wednesdays  
June 13, 20, 27  
July 11, 18
- TIMES:** 4:00 – 5:15 PM
- WHERE:** UW-La Crosse Soccer Field (turf)
- COST:** \$25 per session      **OR**      \$100 for all 5 sessions
- INSTRUCTORS:** Jason Murphy, Head Soccer Coach at UWL  
Assistant Coaching Staff from UWL  
Current Soccer Players from UWL  
Local Licensed Soccer Coaches (as needed)
- WHAT TO BRING:** Outdoor Training Gear, Cleats, Water Bottle, Soccer Ball
- REGISTRATION:** Available online at [www.uwlcamps.com](http://www.uwlcamps.com)  
OR by filling out the registration form and sending in

Visit [uwlcamps.com](http://uwlcamps.com) for online registration, printable registration, and more information!

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July 11, 18

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\$25 per session

\$100 for all 5 sessions



### Registration Form

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

First Participant's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Second Participant's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

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: \_\_\_\_\_