



UWL High School Girl's Summer Soccer League

June 12, June 19, June 26, July 10, July 17, July 24

The UW-La Crosse Soccer Program would like to invite local female soccer players to join our summer league. This is a semi-organized league of small sided soccer for female soccer players to continue their growth and development during the summer. We look forward to seeing you play out there this summer!

- Weekly games on Wednesday evenings
- Games times will be 5:30pm / 6:30pm / 7:30pm / 8:30pm / 9:30pm at UWL Soccer Field
- 8 matches over the course of season
- 6v6 Games (5 field players and 1 goalie)
- Two 25 minute halves, 5 minute halftime
- 10 players per team maximum

Cost: \$65 per player, with \$20 discount if signed up by June 1.

* UWL Summer Soccer League T-Shirt included (no need to purchase jerseys)

Registration Form

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

Participant's Full Name: _____ Cell Phone Number: _____

Date of Birth: _____ Graduation Year: _____ High School: _____ T-Shirt Size: S M L XL XXL

Participant's Email: _____

Second Participant's Full Name: _____ Cell Phone Number: _____

Date of Birth: _____ Graduation Year: _____ High School: _____ T-Shirt Size: S M L XL XXL

Second Participant's Email: _____

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: _____

Visit uwlcamps.com for online registration and more information!