

* Where: LU Athletic Fields: 1100 E. South River St, Appleton

* Registration Deadline: **June 6.** Mail registration with payment to:

Lawrence University Soccer Camp; 711 E. Boldt Way SPC 16, Appleton, WI
54911

PLACE
STAMP
HERE

Checks payable to: Viking Bench—Soccer

* Online Registration: www.Lawrence.edu/athletics/ (click on "summer camps")

* Registration includes Camp T-Shirt

* Bring water, soccer ball, and shin-guards (required)

* Full-Day Campers bring own lunch

* Camp Store available each day during lunch hour.

* Questions? 920-832-7034; blake.f.johnson@lawrence.edu

Camp Sessions

#1: Ages 5-7	9:00-11:00AM	\$60
#2: Ages 8-16	9:00-11:45AM	\$90
#3: Goalkeepers, Ages 8-16	9:00-11:45AM	\$90
#4: *Team Camp*, Ages 8-16	9:00-11:45AM	\$80

Minimum 8 rostered players

#5: Ages 8-16	1:00-3:45PM	\$90
#6: Goalkeepers, Ages 8-16	1:00-3:45PM	\$90
#7: *Team Camp*, Ages 8-16	1:00-3:45PM	\$80

Minimum 8 rostered players

#8: Ages 8-16	9:00AM-3:45PM	\$160
#9: Goalkeepers, Ages 8-16	9:00AM-3:45PM	\$160
#10: *Team Camp*, Ages 8-16	9:00AM-3:45PM	\$130

Minimum 8 rostered players

Lawrence University Soccer Camp
711 E. Boldt Way SPC 16
Appleton, WI 54911-5699



LAWRENCE UNIVERSITY SOCCER CAMP



JUNE 9-12, 2015

FOR BOYS AND GIRLS AGES 5-16 and GOALKEEPERS AGES 8-16

Under the direction of Lawrence University Men's and Women's Soccer Coaches, Blake Johnson and Lisa Sammons, and a staff comprised of college, club, and high school coaches, and current and past LU players, our camp provides individuals of all skill levels a chance to improve their playing ability. The camp offers basic skill training for beginners, technical training for goalkeepers, and more advanced technical and tactical concepts for older players.

Lawrence University Soccer Camp Registration (Please Print)

Camper's Name _____ Age ____ M ____ F ____ Session Attending: # ____ Camper's T-Shirt Size: YS ____ YM ____ YL ____ AS ____ AL ____

Address: _____ City: _____ Zip _____ Home Phone: _____

Cell: Phone: _____ Parent/Guardian Email: _____

Health and Insurance Information: I understand there are no refunds granted after June 9, 2015. I hereby authorize the staff of Lawrence University Soccer Camp to act for me according to their best judgment in any emergency requiring medical attention to my child. I hereby warrant that my child is in good health and is able to participate in soccer-related activities.

Any medical condition(s) we should be aware of? _____

Insurance Company: _____ Policy #: _____

ASSUMPTION OF RISK and RELEASE OF LIABILITY

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS—READ CAREFULLY

I have applied to participate in the Lawrence University program described as the 2015 Lawrence University Soccer Camp ("Program") during the period June 9-12, 2015. I acknowledge that the Program is voluntary and may involve certain risks, including those described below.

I understand that by participating in the Program, I will engage in: strenuous physical activity with other participants, competition, recreational activities, and, if applicable, reside in student dormitories and travel off campus. I acknowledge that these activities present inherent risks that are beyond Lawrence University's control.

I choose to participate in the Program understanding its associated risks, and knowingly and voluntarily assume all risks of collision, injury, illness, death, or damage to or loss of my property that may occur while engaging in sport, recreation, and any other activities arising out of or related to the Program.

I understand that I may discontinue participation at any time in light of risks.

I hereby forever release Lawrence University, its trustees, officers, employees, and agents (the "Released Parties"), from liability for any negligent act or omission arising from my participation in the Program, including related costs, damages, claims or assertions to which I or my family, estate, or heirs may claim against Related Parties.

This Assumption of risk and Release of Liability shall be construed in accordance with the laws of the State of Wisconsin, which shall be forum for any lawsuits filed under or incident to this Release or the Program.

Print Full Name of Participant: _____

Participant Signature: _____ Date: _____

Print Full Name of Parent/Legal Guardian: _____

Signature of Parent/Legal guardian: _____ Date: _____