* 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

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.johnson@lawrence.edu

Camp Sessions

<table>
<thead>
<tr>
<th>Camp #</th>
<th>Ages</th>
<th>Time</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>5-7</td>
<td>9:00-11:00AM</td>
<td>$60</td>
</tr>
<tr>
<td>#2</td>
<td>8-16</td>
<td>9:00-11:45AM</td>
<td>$90</td>
</tr>
<tr>
<td>#3</td>
<td>Goalkeepers, 8-16</td>
<td>9:00-11:45AM</td>
<td>$90</td>
</tr>
<tr>
<td>#4</td>
<td><em>Team Camp</em>, 8-16</td>
<td>9:00-11:45AM</td>
<td>$80</td>
</tr>
<tr>
<td>#5</td>
<td>Ages 8-16</td>
<td>1:00-3:45PM</td>
<td>$90</td>
</tr>
<tr>
<td>#6</td>
<td>Goalkeepers, 8-16</td>
<td>1:00-3:45PM</td>
<td>$90</td>
</tr>
<tr>
<td>#7</td>
<td><em>Team Camp</em>, 8-16</td>
<td>1:00-3:45PM</td>
<td>$80</td>
</tr>
<tr>
<td>#8</td>
<td>Ages 8-16</td>
<td>9:00AM-3:45PM</td>
<td>$160</td>
</tr>
<tr>
<td>#9</td>
<td>Goalkeepers, 8-16</td>
<td>9:00AM-3:45PM</td>
<td>$160</td>
</tr>
<tr>
<td>#10</td>
<td><em>Team Camp</em>, 8-16</td>
<td>9:00AM-3:45PM</td>
<td>$130</td>
</tr>
</tbody>
</table>

*Minimum 8 rostered players*

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 ____  AM _____ 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 #:____________________________

This Assumption of Risk and Release of Liability shall be binding on any lawsuits filed under or related to this Release of the Program.

The present inherent risks that are beyond Lawrence University's control, including, but not limited to, collision, injury, illness, death, or damage to or loss of my property that may occur while engaged in sport, recreation, and other activities arising out of or related to the Program, are assumed by me.

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

I choose to participate in the Program understanding its associated risks, and knowingly and voluntarily assume all risks, including those described below.

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

I choose to participate in the Program understanding its associated risks, and knowingly and voluntarily assume all risks, including those described below.

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 Released 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 related to this Release of the Program.

Print Full Name of Participant: _____________________________________________________________________________________________

Participant Signature: _____________________________________________________________________ Date: __________________________

Print Full Name of Parent/Legal Guardian: _____________________________________________________________

Signature of Parent/Legal guardian: ____________________________________________________________________ Date: __________________________

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS—READ CAREFULLY

ASSUMPTION OF RISK and RELEASE OF LIABILITY

__________________________ __________________________
Date: __________________________

Print Full Name of Parent/Legal Guardian: _____________________________________________________________

Signature of Parent/Legal guardian: ____________________________________________________________________ Date: __________________________

Insurance Company:__________________________ Policy #:____________________________

Any medical conditions (we should be aware of? ________________________________________________________________________________

___________________________________________________________________________

Address: _____________________________________________________________________________________________

City: _________________________________________ Zip: ______________

Home Phone: _____________________________ Cell: Phone: _________________________________________

Parent/Guardian Email: ______________________________________________

Lawrence University Soccer Camp Registration (Please Print)