

LAWRENCE UNIVERSITY SOCCER CAMP



JUNE 10-13, 2014 FOR BOYS AND GIRLS AGES 5-16 * GOALKEEPER AGES 8-16

The Lawrence University Soccer 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.

How To Enroll:

- **Register Early!** Camp filled-up in 2013!

Deadline for receipt of registration and payment: June 6

- **Mail registration with payment to:**

Lawrence University Soccer Camp

711 E. Boldt Way SPC 16

Appleton, WI 54911-5699

- **Checks payable to:**

Viking Bench—Soccer

- **Questions?** Soccer Office: 920-832-7034

email: blake.f.johnson@lawrence.edu

- **Registration includes Camp T-Shirt**

- **Online Registration open 2/17/14**

http://www.lawrence.edu/athletics/summer_camps



Where: Alexander Gym; 1100 E. South River St, Appleton.

Who: Field players ages 5-16; Goalkeepers ages 8-16

When: *Select session number from list below for registration form*

Morning

Session #1 Individual Player: Ages 5-7 * 9:00-11:00am * \$55

Session #2 Individual Player: Ages 8-16 * 9:00-11:45am * \$85

Session #3 Goalkeeper: Ages 8-16 * 9:00-11:45am * \$85

Session #4 Team Camp: Ages 8-16 * 9:00-11:45am * \$75

(Team Camp: minimum 8 rostered players * no additional discounts)

Afternoon

Session #5 Individual Player: Ages 8-16 * 1:00-3:45pm * \$85

Session #6 Goalkeeper: Ages 13-16 * 1:00-3:45pm * \$85

Session #7 Team Camp: Ages 8-16 * 1:00-3:45pm * \$75

(Team Camp: minimum 8 rostered players * no additional discounts)

Full Day (Bring Own Lunch)

Session #8 Individual Player: Ages 8-16 * 9:00am-3:45pm * \$155

Session #9 Goalkeeper: Ages 8-16 * 9:00am-3:45pm * \$155

Session #10 Team Camp: Ages 8-16 * 9:00am-3:45pm * \$125

(Team Camp: minimum 8 rostered players * no additional discounts)

Camper's Name _____ Age _____ Male _____ Female _____

Mailing Address: _____ City: _____ Zip Code: _____

Parent'/Guardian Email: _____

Parent/Guardian Cell: _____ Parent/Guardian Home Number: _____

Session # Choice: # _____ Camper's T-Shirt Size: YS _____ YM _____ YL _____ AS _____ AM _____ AL _____

Health and Medical information/Waiver of Liability

I understand there are no refunds granted after June 4, 2014. 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 waive and release Lawrence University, the Lawrence University Athletic Department, the Lawrence University Soccer program and the Lawrence University Soccer Camp and its staff and affiliates from any and all liability for any injuries and illnesses incurred while at camp. I hereby warrant that my child is in good health and is able to participate in soccer-related activities. Each camper must be covered by his/her own family insurance. I have read, understand, and agree to the above,

Signed (Parent/Guardian): _____ Date: _____

Insurance Company: _____ Policy #: _____