



2017 WARRIORS YOUTH SOCCER CAMP

JUNE 26-28, 2017 • BOYS AND GIRLS AGES 8-14

Wisconsin Lutheran College Men's Soccer would like to invite you to attend our 2017 Warriors Youth Soccer Camp. This is a fantastic opportunity for every type of player looking to improve technically and tactically in addition to achieving individual and team goals. The camp staff includes the WLC Men's Soccer Coaching Staff as well as current Warriors players. All sessions will be held at Warriors Soccer Field at WLC's Outdoor Athletic Complex.

The 2017 Warriors Youth Camp will provide young boys and girls with the best soccer environment regardless of their level of play. We work with players of all abilities and have a curriculum to fit each individual with a training program based upon their skill level. This camp will feature group activities as well as time for discussion to advance understanding of the game.

CAMP INFORMATION

DATES: June 26-28, 2017
COST: \$150
 Includes lunch, T-shirt and instruction
AGES: Boys and girls
 Ages 8-14

SCHEDULE

Session 1 9:00-11:00 AM
 Lunch 11:00 AM-12 PM
 Session 2 12:00-2:00 PM
 Group Activity..... 2:00-2:30 PM
 Session 3 2:30-4:00 PM
 Camp Conclusion 4:00 PM

LOCATION

Warriors Soccer Field at WLC's
 Outdoor Athletic Complex
 1401 Swan Boulevard, Wauwatosa
(see wlc.edu/directions)

FOR MORE INFORMATION CALL 414.443.8716

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Please use a separate form for each camper. Photocopy if needed, or register online at wlcsports.com

Name _____ School _____ Age _____ Grade _____
 Home Address _____ City _____ State _____ Zip _____
 Home Phone () _____ Parent's Email _____
for camp communication only
 Health Insurance Carrier _____ Policy Number _____

T-shirt Size (check one) **YOUTH** M L **ADULT** S M L XL

LEGAL DISCLAIMER: Must be signed by participant's parent or legal guardian before application can be accepted.

I hereby release Wisconsin Lutheran College and its employees from all responsibilities for damages or injuries while participating at any WLC athletic camps, except injuries resulting from gross negligence or willful misconduct. I certify that the applicant is in good health and able to participate in this camp. I agree to allow the applicant to be treated by a licensed physician if necessary. I grant camp officials, Wisconsin Lutheran College, and sponsors the exclusive right to use my name or photo in future promotional items for this event. For more information call 414.443.8808.

Signature of parent or guardian _____

Date _____

PLAYER INFORMATION

Years played: _____
 Club: _____
 Position played: _____

Please mail your registration and check payable to: Wisconsin Lutheran College, ATTN: Men's Soccer, 8800 West Bluemound Road, Milwaukee, WI 53226