

# LCU Summer Rec Soccer Camp "Be a Rec, Train Like a Select"

August 2 - August 6, 2010  
U5 - U14 Boys and Girls

Phone: 262-369-2500  
Email: info@lucusoccer.org



Come join us at the Lake Country United Recreational Soccer Camp. Led by Xavier Rico and Brent Diderrich, Lake Country United's Directors of Coaching and Player Development, this camp will focus on building the skills needed by players to master the ball and own the field of play at the recreational level

- Learn the basic moves that allow players to take on and defeat others in 1v1 situations.
- Learn to pass and receive to create great 1<sup>st</sup> touch opportunities.
- Learn to finish when scoring chances are created.
- Most importantly, learn how to have fun with the game of soccer!

## Camp Details

- ⚽ Dates: Monday through Friday, August 2-6
- ⚽ Time: 10am to 12pm daily
- ⚽ Cost: \$75
- ⚽ Location: Town of Merton Community Park
- ⚽ Pre-registration is required; no walk-ins
- ⚽ Registrations due Monday, July 12
- ⚽ Players must wear shin guards and bring their own soccer ball and drink
- ⚽ Club website and email will be used to communicate any location changes due to weather

✂ Cut here ✂

## LCU Summer Rec Soccer Camp Registration Form

Player Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Player date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Health Concerns: (i.e. asthma, allergies): \_\_\_\_\_

Email address(es): \_\_\_\_\_

Mother's name: \_\_\_\_\_ Mother's cell: \_\_\_\_\_

Father's name: \_\_\_\_\_ Father's cell: \_\_\_\_\_

Other emergency contact: \_\_\_\_\_ Cell: \_\_\_\_\_

Check one box for T-shirt size: **Youth:**  Small  Medium  Large **Adult:**  Small  Medium  Large  X-Large

I, the undersigned hereby certify that I am the parent or legal guardian of the player named above. In the event that the player suffers any injury while participating in this camp, and neither the emergency contact nor I can be reached, I hereby authorize Lake Country United and the coaching staff to take all reasonable measures to ensure medical attention is provided. I hereby agree to hold Lake Country United and coaching staff harmless.

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_

Send registration and make checks out to:  
Lake Country United  
P.O. Box 131  
Hartland, WI 53029

Enrollment secured only by sending this application and payment together as soon as possible. Space is limited.

Date received: \_\_\_\_\_