



Soccer Camp Summer 2007



Pre-Season Team Training

Pre Season Training weeks are the foundation upon which all successful seasons are built. U.K.Elite Soccer Team Weeks ensure each individual & team maximizes their potential for the season ahead.

This Pre Season Team Training week will.....

- Evaluate individual players and experiment with team formations.
- Assess different player combinations and Increase fitness levels
- Design set plays that are unique to the team
- Identify and Improve known strengths and weaknesses
- Motivate and focus the players as well as improve team spirit
- Challenge each individual technically and tactically.

Cougar Soccer Club Camp Details U12 Boys / Coach Mark Winkler

Code	Club	Location	Date	Time	Ages
E073	Cougar	New Waterlands	27-31 Aug	4-6 pm	U12 B

Please complete registration and mail to UKE
Fee provided by Cougar Soccer Club

Registration Information:

All players must complete the attached registration form
Return completed form to UKElite Soccer
Registration Fee provide by Cougar Soccer Club

Craig McGinn :

Phone (973) 631-9802 ext. 203
Email CraigM@UKElite.com
Mail UK Elite Soccer, 210 Malapardis Rd, suite 201
Cedar Knolls, NJ 07927

Visit www.UKElite.com for further camps in your area

Instant online registration and place confirmation available at
UKElite.com

PARENT INFORMATION (Please print)

Name of Parent _____
Street _____
Town _____ State _____ Zip _____
Home Phone (____) _____
Cell/Work Phone (____) _____
Email _____
Emergency Contact _____
Phone (____) _____

PLAYER / REGISTRATION INFORMATION: Winkler U12B

Place #	Code	Name / Last	Name/ First	D.O.B	
1					
2					
3					
4					
				Sub Total	
TEAM NAME:				Discount*	
				Total	

WAIVER INFORMATION:

WAIVER INFORMATION:

I certify that my child(ren) is/are in excellent health and are able to participate in physical activity including all sports. I agree to hold U.K.Elite Soccer Inc, its agents, employees and contractors harmless from any and all claims for injuries sustained during my child(ren)'s participation in the program. Permission is granted for my child to receive emergency medical treatment. Note: Please include relevant medical information in writing with this application.

Signed _____

Date _____



Mail registration to: **U.K.Elite Soccer, Inc.**
210 Malapardis Rd, suite 201
Cedar Knolls NJ 07972
Or Fax: (973) 631 - 8743
When registering by fax, do not
mail original.

Tel: (973) 631 - 9802 Federal Tax ID# 22-3197693

For office
use only

Rec'd

Chk#/Auth

Comp