



# 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 U11 / U12 Boys / Coach Yermigun

Code	Club	Location	Date	Time	Ages
E073	Cougar	New Waterlands	27-31 Aug	4-6 pm	U11 / 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](http://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: Yermigun U11/12 B

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