



[www.WisconsinSoccerCamp.com](http://www.WisconsinSoccerCamp.com)

John T. Trask, Head Men's Soccer Coach

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Paula Wilkins, Head Women's Soccer Coach

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# Winter Center of Excellence

## What is it?

The Wisconsin Soccer "Winter Center of Excellence" is a nine week program packed with enjoyable, innovative, individual and small group training. Our curriculum will draw from the Dutch model of "OTAL FOOTBALL"; Which is a teaching philosophy that is based on the education of the whole child through the medium of soccer. As such, players participating in the "Winter Center of Excellence" will receive intensive individual skill and physical training that will enhance the player's ability to pass, dribble, turn, receive, head and shoot. This training will be provided in a safe, positive learning environment by a knowledgeable and enthusiastic staff. We believe that our program offers the most complete training package available. Simply put: We want the "Winter Center of Excellence" to be the best soccer experience of each players' life!

Mark the days you plan on attending: There are 9 sessions in all starting January 17 through March 13 (with March 20 set for a makeup in case of any weather cancellations). All sessions are Tuesday evenings. Players are encouraged to attend every session as each are different and focus on a different technical aspect of the game to achieve Total Football.

Sending in your form (email): Clinic Registration forms and payment must be sent to the UW Athletic Department indicated on the registration sheet. If a form is sent less than 7 days prior to the start of a session, then a corresponding call or e-mail **must** be made to the Clinic Coordinator (Boys: Brad Swenby: [brad.swenby@gmail.com](mailto:brad.swenby@gmail.com) 414-688-1994/Girls: Tim Rosenfeld: [TMR@athletics.wisc.edu](mailto:TMR@athletics.wisc.edu) 608-265-4732) to indicate which group and days that the athlete would like to attend. Participation will be granted on a space available basis. . **This Clinic is OPEN to any and ALL participants.**

Requirements: The age requirement for the clinic is 7-18 years old.

The first group will be for **6-10 year olds**, and will be held from **7pm – 8:15pm**.

The second group will be for **11-18 year olds**, and will be from **8:15pm – 9:30pm**.

Required once per year (Fall or upon starting) players must complete both a Release of Liability Form, available from the Clinic Coordinator, and the UW Camp/Clinic Health Form available at <http://www.uwbadgers.com/camps/health-forms.html>. These forms need to on file prior to any camp activities and only need to be completed once per school year.

Equipment: We ask that all participants bring at least one soccer ball, but preferably two of three to facilitate training. McClain Indoor facility is a turf facility you may wear regular soccer shoes or flats/sneakers.

Conduct and Security: The McClain Indoor facility provides a safe and secure environment. However all campers are expected to conduct themselves in a manner conducive to learning. Any misconduct will result in immediate dismissal and forfeiture of fees.

Parking for McClain Indoor Facility: Free Parking is available in Lot 17; located northwest of the McClain Center.

Upon Arrival at the McClain Indoor Facility: Players should enter the McClain Indoor Facility at the southwest entrance and stay in the southwest corner of the indoor facility until the coaches are ready for them to take the field. There may be other sports using the facility at the time of your arrival so it is important for you to allow them the proper space.

Parents at McClain Indoor Facility: Parents that wish to watch their athlete are asked to do so from the southwest corner of the facility. Please be aware of flying soccer balls.

*Clinic Directors: (Boys) John Trask ([JTT@athletics.wisc.edu](mailto:JTT@athletics.wisc.edu)): (Girls) Paula Wilkins ([PLW@athletics.wisc.edu](mailto:PLW@athletics.wisc.edu))*

*Clinic Coordinators: (Boys) Brad Swenby ([brad.swenby@gmail.com](mailto:brad.swenby@gmail.com)): (Girls) Tim Rosenfeld ([TMR@athletics.wisc.edu](mailto:TMR@athletics.wisc.edu))*



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Name \_\_\_\_\_ Sex (M/F) \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_ Grade \_\_\_\_\_  
 Phone (     ) \_\_\_\_\_ Cell (     ) \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Parent #1 Name: \_\_\_\_\_ Parent #2 Name: \_\_\_\_\_

## MARK THE DAYS YOU WILL ATTEND (All Tuesday evenings)

January 17    \_\_\_      February 7    \_\_\_      February 28    \_\_\_  
 January 24    \_\_\_      February 14    \_\_\_      March 6        \_\_\_  
 January 31    \_\_\_      February 21    \_\_\_      March 13       \_\_\_

Name of your athlete(s)	Male or Female	Total # of Sessions	Session 1 7:00 - 8:15pm	Session 2 8:15 - 9:45pm	\$20 per Session	Total Amount Paid
					X \$20	
					X \$20	
					X \$20	

**Make checks payable to: UW Athletics (Memo: Soccer – Winter Center of Excellence)**

**Location:** The Winter Center of Excellence will take place at the University of Wisconsin McClain Indoor Facility located at 1440 Monroe St, Madison, WI (<http://www.uwbadgers.com/facilities/mcclain-facility.html>). Please enter the building through the southwest doors and stay in the southwest corner of the facility until the group that is already in there is finished. Locker rooms are not available. Please bring proper attire (2 soccer balls, soccer cleats, shinguards, water, etc.).

**Payments:** Mail registration form and payment to:

**UW Athletics/Business Office**  
**UW Winter Center of Excellence**  
**1440 Monroe Street**  
**Madison, WI 53711**

Payment, Registration, Release and Health form due by the 1<sup>st</sup> day of each session, or the player will not be able to participate.  
**SORRY, NO REFUNDS, PRO-RATING or CARRYING OVER DAYS TO ANOTHER SESSION**



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## Release of Liability Form, January 2012 - March 2012

The following form must be signed and on file once per year in order for the following athlete to participate in the University of Wisconsin Winter Center of Excellence. Please sign and bring this form to the first session.

Player's Name \_\_\_\_\_

Parent/ Guardian's Names \_\_\_\_\_

### Liability Waiver

In consideration of my child's participation in the UW Winter Center of Excellence, I hereby release the University of Wisconsin System Board of Regents, its officers, employees and agents from any and all liability arising out of any injury or illness my child incurs while participating in clinic activities. I understand that the rigorous athletic activity in which he/she will be involved. I understand that participation is voluntary and I choose freely to have my child participate.

### Health Insurance

Participants are encouraged to have their own health insurance as limited accident insurance is provided by the University. I understand that the Clinic provides limited accident insurance, which is primary for \$7,500.

### Health Forms

By applying for this clinic I agree to complete and return to the Clinic Director the confidential Consent for Medical Administration and Medical Treatment Form and Health History Questionnaire. I understand these forms need to be completed and on file **prior** to my child's participation in the Clinic activities. (These forms are available on the UWCamps.com web page)

### Photographs & Videos

By applying for this Clinic I understand that the University of Wisconsin – Madison (UW) may take photographs and or videos of clinic participants and activities. I agree that the UW shall be the owner of and may use such photographs and videos relating to the promotion of future clinics. I relinquish all rights that I may claim in relation to the use of said photographs and videos.

\_\_\_\_\_  
Parent/ Guardian's Signature

\_\_\_\_\_  
Date