



Yuri Lavrynenko Soccer

www.yuriLsoccer.com

U14 YLS Academy

TSE East Rochester – 435 W. Commercial St. - East Rochester

Become a great player at the YLS Academy Training. Improve and have fun while learning techniques from coaches that are former professionals and college players. Learn skill training regimens that helped Yuri progress from a Rochester youth player (RDYSL) to winning 2 NCAA championships at Indiana and become a professional at the highest level in the United States (MLS).

Save \$214!!!

OR

Attend any of the sessions you choose and pay per session

Sign up for the full YLS Academy Experience and pay only \$379 for all three sessions

AND

Receive 50% off these YLS clinics throughout the indoor season – a \$128 value!!!

Thanksgiving Clinic
Holiday Clinic
February Break Clinic
April Break Clinic

Session 1

Wednesdays

November 6, 13, 20, 27 December 4, 11, 18

Time: 5:00 – 6:30pm

Cost: \$155

Session 2

Wednesdays

January 8, 15, 22, 29 February 5, 12, 26

Time: 5:00 – 6:30pm

Cost: \$155

Session 3

Wednesdays

March 4, 11, 18, 25 April 1, 15, 22

Time: 5:00 – 6:30pm

Cost: \$155

Career Highlights – Yuri Lavrynenko

Gates-Chili High – State Co-Champion

Indiana University – 2 time NCAA Champion, All-American, and Final Four MVP

Chicago Fire – MLS - US Open Cup Champion

Montreal Impact – A-League Champion

Questions and Comments: Yuri Lavrynenko, yuri@yuriLsoccer.com / 585-750-7554

YLS Registration Form: Register online at www.yuriLsoccer.com or mail registration form and check to YLS, PO Box 30, Webster, NY 14580. No refunds will be issued once a player is registered.

Name _____ E-mail _____

Street _____ City _____ Zip _____

Phone # _____ DOB _____

In case of emergency contact _____ at _____

Uniform Size Youth M L Adult S M L

Waiver: In case of an emergency requiring medical attention, I hereby authorize the staff of Yuri Lavrynenko Soccer LLC to act for me according to their best judgment. I hereby waive and release Yuri Lavrynenko LLC and YLS staff from any and all liability for any injury or affected illness incurred at the camp. I have no knowledge of any physical impairment that would endanger the above named player from participating in this clinic.

Parent/Guardian

Signature _____ **Date** _____

- ___ 2019-2020 U14 Academy Experience
- ___ 2019-2020 U14 Academy Session 1
- ___ 2019-2020 U14 Academy Session 2
- ___ 2019-2020 U14 Academy Session 3