Yuri Lavrynenko Soccer

www.yuriLsoccer.com

U16 YLS Advanced Training

All Star Sports Arena – 557 East Ridge Road - Rochester NY 14621

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 over $225!!!

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 $150 value!!!

Thanksgiving Clinic
Holiday Clinic
February Break Clinic
April Break Clinic

OR

Attend any of the sessions you choose and pay per session

Session 1
Tuesdays
November 7, 14, 21, 28 **December** 5, 12, 19
Time: 8:30 – 10:00pm
Cost: $155

Session 2
Tuesdays
January 9, 16, 23, 30 **February** 6, 13, 27
Time: 8:30 – 10:00pm
Cost: $155

Session 3
Tuesdays
March 6, 13, 20, 27 **April** 10, 17, 24
Time: 8:30 – 10:00pm
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

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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**_____

___ 2017-2018 U16 Advanced Training Experience
___ 2017-2018 U16 Advanced Training Session 1
___ 2017-2018 U16 Advanced Training Session 2
___ 2017-2018 U16 Advanced Training Session 3