

Yuri Lavrynenko Soccer

www.yuriLsoccer.com

U16 YLS Advanced Training

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

Session 1

Wednesdays

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

Time: 6:30 – 8:00pm

Cost: \$155

Session 2

Wednesdays

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

Time: 6:30 – 8:00pm

Cost: \$155

Session 3

Wednesdays

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

Time: 6:30 – 8:00pm

Cost: \$155

AND

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

Thanksgiving Clinic
Holiday Clinic
February Break Clinic
April Break Clinic

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 U16 Adv. Training Experience
____ 2019-2020 U16 Adv. Training Session 1
____ 2019-2020 U16 Adv. Training Session 2
____ 2019-2020 U16 Adv. Training Session 3