

# 2011-2012 LVU SELECT PROGRAM

www.LEHIGHVALLEYUNITED.com



The LVU Select Program provides Players in the Lehigh Valley a high quality youth soccer development training program **FREE OF COST**. The focus of the program is on developing INDIVIDUAL skills and technique as well as to showcase Lehigh Valley United's exceptional coaching staff and teaching methods during the Golden Years of growth and development in younger players.  
**LVU Select is for players U7-U10 Boys and Girls,**

Certain players participating in LVU Select may be identified to participate in future YSC UNION JUNIORS\*\* Identification Sessions. Philadelphia Union has named YSC Academy as its Official Youth Development Partner. YSC Academy and Philadelphia Union are offering YSC Union Juniors as a FREE OF COST training program for both boys and girls. Numerous players from previous LVU Select Programs are currently participating in YSC Union Juniors Select & Development Pools, Union Juniors Academy and Union Academy. ([www.yscsports.com](http://www.yscsports.com))

## PROGRAM DETAILS:

- The program is led by Greg Ramos, LVU's Executive Director of Operations. Greg Ramos is one of the top certified coaches in the region with an UEFA "A" License and USSF "A" License. According to Ramos, "MLS soccer coming to Eastern Pennsylvania makes it realistic for those young soccer players in the Lehigh Valley, who dream of playing professional soccer, to do so. Lehigh Valley United's relationship with the YSC Union Juniors will help youth players in the Lehigh Valley along the path to realizing that dream."
- LVU Select is a FREE of cost Training Program.
- LVU Select will train once per week at the Turff Club beginning in November and ending in March.
- Players selected will train with the best players at their own age group.
- LVU Select participants will have the opportunity to be identified for future YSC Union Juniors through the LVU Select Program.
- LVU will provide highly qualified staff to run each LVU Select session.
- Each participant must wear the LVU Select issued training kit to each session.
- Competition Opportunity: Upon selection for the LVU Select program, each player has the opportunity to compete on specially created teams at the four Turff Club Icy Series tournaments at special discount pricing (see Icy Tournament Information and Registration for dates and costs).

## TRYOUT DATES:

| AGE GROUP/BIRTHDATES<br>Boys & Girls | TRYOUT<br>LOCATION | TIME        | DATES- players should attend both<br>dates. Rain Date: Sunday, October 2 |
|--------------------------------------|--------------------|-------------|--|
| U7 8/1/04-7/31/05                    | LCSF Field # TBD   | 4:00-5:00pm | Sundays: September 18 & 25   |
| U8 8/1/03-7/31/04                    | LCSF Field # TBD   | 4:00-5:00pm | Sundays: September 18 & 25   |
| U9 8/1/02-7/31/03                    | LCSF Field #TBD    | 5:30-6:30pm | Sundays: September 18 & 25   |
| U10 8/1/01-7/31/02                   | LCSF Field #TBD    | 5:30-6:30pm | Sundays: September 18 & 25   |

## TRYOUT PROCESS:

1. Complete the attached LVU Select Registration Form and return to LVU no later than MONDAY, SEPTEMBER 12.
2. Attend tryouts for your age group. Attending both is recommended. \*\*\*CHECK-IN WILL BE DONE AT THE COUNTY FIELDS PAVILION HALF AN HOUR BEFORE THE TRYOUT START TIME.
3. Final selectees or Callbacks if necessary will be posted on the LVU website the Wednesday after the final tryout.

If you have any questions about the LVU Select Program or Tryout Process contact [info@lehighvalleyunited.com](mailto:info@lehighvalleyunited.com) or call LVU at 610-462-7606

\*\*ABOUT YSC UNION JUNIORS: Philadelphia's new Major League Soccer (MLS) team, Philadelphia Union has named YSC Academy as its Official Youth Development Partner. YSC Academy and Philadelphia Union are offering YSC Union Juniors as a FREE OF COST training program for both boys and girls born in the following birth years: 2002, 2001, 2000, 1999, 1998, 1997. Philadelphia Union have partnered with YSC to provide a high-level youth development program modeled after professional youth academies abroad. The objective is to identify and nurture talented young players in the region and provide them high-level, supplemental, training designed to complement and support the efforts of their club teams and coaches. For more information on YSC and the Union Juniors Program please see [www.yscsports.com](http://www.yscsports.com).

## 2011-2012 Lehigh Valley United Select Program Registration Form

| PLAYER NAME<br>One Player Per Form Please | BIRTHDATE | PLAYER # (TO BE FILLED<br>OUT BY LVU ADMIN) |
|---|-----------|---|
|   |           |   |

| E-MAIL ADDRESS<br>PLEASE WRITE CLEARLY AS THIS IS HOW WE WILL CONTACT YOU | PHONE #1 | PHONE #2 |
|---|----------|----------|
|   |          |          |

PARENTS NAME(S): \_\_\_\_\_

PLAYER'S CURRENT CLUB: \_\_\_\_\_

**MEDICAL AND EMERGENCY INFORMATION:**

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Injuries/Illness of which we should be aware of: \_\_\_\_\_

Allergies/Reactions to prescribed medications: \_\_\_\_\_

**Consent:** The applicant has been granted permission to attend and participate in the Lehigh Valley United Academy sessions. I, as parent/guardian of the above applicant agree that I and the participant will abide by the rules of the program and the coaches. Recognizing that the possibility of physical injury can be associated with soccer, I hereby release, discharge, and/or otherwise indemnify Lehigh Valley United against any claims on behalf of the registrant as a result of participation.

As the parent or legal guardian of the above player, I hereby give my consent for emergency medical care by a duly licensed doctor of medicine. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

Parent/Guardian- Printed Name: \_\_\_\_\_

Parent/Guardian- Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN FORM BY SEPTEMBER 12 TO: LVU, PO BOX 634, WHITEHALL, PA 18052**  
**QUESTIONS? [INFO@LEHIGHVALLEYUNITED.COM](mailto:INFO@LEHIGHVALLEYUNITED.COM) OR CALL 610-462-7606**