

2017 GIRLS BASKETBALL LITTLE EAGLES DAY CAMP

Registration Form



Please print clearly. We cannot process incomplete registrations. All information requested must be provided.

Participant's Full Name: _____

Date of Birth: _____ Grade: _____ Age: _____ T Shirt Size: YS YM YL YXL S M L XL

Second Participant's Full Name: _____

Date of Birth: _____ Grade: _____ Age: _____ T Shirt Size: YS YM YL YXL S M L XL

Address: _____

City/State/Zip: _____

Emergency Contact Name: _____

Cell Phone: _____ Work Phone: _____

Email (necessary for confirmation and camp communication):

Special needs for participant(s): _____

Dates:	June 19-22, 2017
Time:	9:00 a.m. – Noon
Age:	Currently in Grades 3-12
Cost:	\$80.00 per player before June 1 \$90.00 per player after June 1

Amount Enclosed: \$ _____

Check enclosed, made payable to: *UW-La Crosse*

Return form to:
*UW-La Crosse Athletic Camps & Clinics
110 Mitchell Hall
1725 State St.
La Crosse, WI 54601*

WAIVER: Registration implies permission for photos, publicity and inclusion in a participant list unless camp director is notified in writing prior to camp. By signing this form I agree to hold harmless and indemnify UW-La Crosse, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my dependent in the course of the camp. I authorize that any medical, surgical, diagnostic and hospital procedures may be performed by a physician on my dependent if I cannot be reached in the event of an emergency.

Parent/Guardian Signature: _____

Date: _____

Visit uwlcamps.com for online registration and more information!