

# 2017 GIRLS BASKETBALL Position Camp Registration Form



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

All information

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): \_\_\_\_\_  
\_\_\_\_\_

<b>Dates:</b>	June 18, 2017
<b>Time:</b>	1:30 p.m. – 5:30 p.m.
<b>Age:</b>	Currently in Grades 3-12
<b>Cost:</b>	\$50.00 per player

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](http://uwlcamps.com) for online registration and more information!