

## 2018 Girls Basketball Overnight Camp

Hosted by UW-La Crosse Women's Basketball

\*Elite Division for Advanced Campers
\*Shooting Form & Progression

\*Position Work & Breakdowns
\*Fundamental Skill Development

\*Campers Grouped by Age/Ability to Enhance Instruction

**DATES:** June 22-24, 2018

AGES: Girls in grades 2-12 \*Entering grade fall of 2018

COST: \$260 for Resident \*\$50 non-refundable deposit due with registration

\$215 for Commuter

Balance due, on or before 1st day of camp.

\$80 for June 22 only (1-day commuter option) \$100 for June 23 only (1-day commuter option)

CHECK-IN: June 22<sup>nd</sup> at 2:00pm in Eagle Hall

CHECK-OUT: June 24<sup>th</sup> at 12:00pm

**INCLUDED:** UWL Women's Basketball T-Shirt

All meals for resident campers

Between session meals for commuter campers

**CAMPERS BRING:** Basketball Shoes, Water Bottle

Resident campers: pillow, sheets, blanket, towel

**REGISTRATION:** Online at www.gbasketball.uwlcamps.com OR

Fill out registration from and mail in

**CONTACT:** Head Women's Coach Karen Middleton

kmiddleton@uwlax.edu



## 2018 Girls Basketball Overnight Camp

June 22-24, 2018

## **Registration Form**

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

Participants Full Name:											
Grade (fall of 2018):		T-Shirt Size (d	circle):	YS	YM	YL	YXL	S	М	L	Χl
Please <u>circle</u> which applies:	Resident Camper (\$260)	Commuter Camper (\$215)	June 2	2 Comm	uter (\$	80)	June 23	Com	muter	r (\$10	10)
Roommate Preference (Reside	nt Campers Only):										
econd Participants Full Nam	ne:										
Grade (fall of 2018):		T-Shirt Size (d	circle):	YS	YM	YL	YXL	S	М	L	Χl
Please <u>circle</u> which applies:	Resident Camper (\$260)	Commuter Camper (\$215)	June 2	2 Comm	uter (\$	80)	June 23	Com	muter	r (\$10	00)
Roommate Preference (Reside	ent Campers Only):										
ADDRESS:											
MERGENCY CONTACT:											
MAIL (necessary for confirmation	& camp communication): _										
PECIAL NEEDS FOR PARTICI	PANT(S):										
*\$50 non-refunda	ble deposit required u	pon registering. Baland	ce due	on, or	befor	e, firs	st day	of co	amp³	*	
	Amo	unt Enclosed: \$									
	Check enclo	sed, made payable to: UW	'-La Cro	sse							
	UW-La	Return form to: Crosse Athletic Camps & 0 25A Mitchell Hall 1725 State St. La Crosse, WI 54601	Clinics								

**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/GARDIAN SIGNATURE:	DATE	
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