



2018 FALL LITTLE EAGLES CAMP

Hosted by UW-La Crosse Women's Basketball

*Focus on Fundamentals and Skill Development
Fun and Competitive Games*

Learn from our Eagle Student-Athletes

Campers Grouped by Age/Ability to Enhance Instruction

Dates:	September 30, October 7, 14, & 21.
Times:	3:30-5:30 PM
Ages:	Girls in grades 2-8
Included:	UWL Basketball Short Sleeve T-Shirt Pizza Party on Last Night Player Autographs
What to bring:	Tennis shoes, water bottle
Registration:	3:00 to 3:30 PM on Sept 30.
Cost:	\$75.00 per player \$10 off per additional child

Visit uwlcamps.com for online registration, printable registration, and more information!

2018 GIRLS BASKETBALL LITTLE EAGLES 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): _____

<p>Dates: September 30, October 7, 14, & 21 Time: 3:30-5:30 PM Age: Currently in Grades 2-8 Cost: \$75 per player \$10 off per additional child</p>

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: _____