



2018 GIRLS AND BOYS 3 ON 3 BASKETBALL LEAGUE

Hosted by UW-La Crosse Basketball

Play 2-3 games each night against and with players of the same age and gender.

Age:	Open to players in grades 4-12	Included:	T-Shirt
Divisions:	4/5 th , 6 th , 7/8 th , 9/10 th , 11/12 th		
Dates:	April 8, 15, 22 <i>*Registration deadline is April 1st</i>	Where:	Mitchell Hall Gyms on UW-L Campus
Time:	Tentatively 5:30-9:30 pm (20 min. games or first team to 15 pts) <i>*Schedule & Rules emailed week prior to April 8</i>	Cost:	\$50/Player; Register as a team (Max of 5 Players/team) <i>*No Refunds</i>

For questions or more info contact Head Coach Karen Middleton: 608-785-8618 (O) or
kmiddleton@uwlax.edu

OR

UWL Athletic Camps Office: 608-785-8193 or athleticcamps@uwlax.edu

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

2018 GIRLS AND BOYS 3 ON 3 BASKETBALL LEAGUE Registration Form



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

Team Name: _____

Division: _____

Player 1 Name (Captain): _____

Adult T-Shirt Size: XS S M L XL XXL

Gender: M F Grade: _____ Age: _____

Email: _____

Parent/guardian signature acknowledging waiver below: _____

Player 2 Name: _____

Adult T-Shirt Size: XS S M L XL XXL

Gender: M F Grade: _____ Age: _____

Email: _____

Parent/guardian signature acknowledging waiver below: _____

Player 3 Name: _____

Adult T-Shirt Size: XS S M L XL XXL

Gender: M F Grade: _____ Age: _____

Email: _____

Parent/guardian signature acknowledging waiver below: _____

Player 4 Name: _____

Adult T-Shirt Size: XS S M L XL XXL

Gender: M F Grade: _____ Age: _____

Email: _____

Parent/guardian signature acknowledging waiver below: _____

Player 5 Name: _____

Adult T-Shirt Size: XS S M L XL XXL

Gender: M F Grade: _____ Age: _____

Email: _____

Parent/guardian signature acknowledging waiver below: _____

Adult Contact Name: _____ Cell Phone: _____ Work Phone: _____

Email (necessary for confirmation and camp communication): _____

Dates: April 8,15,22 (Registration Deadline April 2nd)
Time: Tentatively 5:30-9:30 p.m.
Age: Grades 4-12
Cost: \$50/Player (Register as a team, max 5 per team)
NO REFUNDS **unless division team minimum of 7 is not met

Check enclosed, made payable to: UW-La Crosse

Return form to:
UW-La Crosse Athletic Camps & Clinics
25A Mitchell Hall
1725 State St.
La Crosse, WI 54601

Amount Enclosed: \$ _____

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.

Visit uwlcamps.com for online registration and more information!