



2018 ADVANCED SKILLS CAMP

Hosted by UW-La Crosse Women's Basketball

Advanced offensive skill instruction
Next level footwork and 1-on1 moves
Individual shot breakdown and analysis
Enhanced instruction by Head Coach Karen Middleton,
coaching staff, and UWL players

Dates: September 30, October 7, & 14.

Times: 6:00PM-7:30 PM

Ages: Girls in grade 9-12

Included: UWL Basketball T-Shirt

What to bring: Tennis shoes, water bottle

Registration: 5:30 - 6:00 on September 30

Cost: \$60.00 per player

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

2018 GIRLS BASKETBALL ADVANCED SKILLS 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: September 30, October 7, & 14
Time: 6:00PM - 7:30PM
Age: Currently in Grades 9-12
Cost: \$60 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: _____