



2019 Girls Basketball Day Camp

Hosted by UW-La Crosse Women's Basketball

Fundamental Skill Development

Fun Contests and Games

Campers Grouped by Age/Ability to Enhance Instruction

DATES:	June 17-20, 2019
MORNING SESSION:	9AM – 12PM \$80 per camper
FULL DAY:	9AM – 4PM *Campers bring own lunch \$160 per camper
AGES:	Girls in grades 2-12 *Entering grade fall of 2018
INCLUDED:	UWL Women's Basketball T-Shirt
CAMPERS BRING:	Basketball Shoes, Water Bottle Lunch *Only if full day camper
REGISTRATION:	Online at www.gbasketball.uwlcamps.com OR Fill out registration form and mail in
QUESTIONS:	Contact Head Women's Coach Karen Middleton kmiddleton@uwlax.edu

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



2019 Girls Basketball Day Camp

June 17-20, 2019

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 (circle): YS YM YL YXL S M L XL

Please circle which applies:

Morning Session only (\$80)
9AM-12PM

Full Day (\$160)
9AM-4PM

Second Participant's Full Name: _____

Grade (fall of 2018): _____

T-Shirt Size (circle): YS YM YL YXL S M L XL

Please circle which applies:

Morning Session only (\$80)
9AM-12PM

Full Day (\$160)
9AM-4PM

ADDRESS: _____

EMERGENCY CONTACT: _____ Cell Phone: _____

EMAIL (necessary for confirmation & camp communication): _____

SPECIAL NEEDS FOR PARTICIPANT(S): _____

Amount Enclosed: \$ _____

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*

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: _____