2019 UWL Summer League Roster and Waiver Form

Roster Due by May 31

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

UWL EAGLES CAMPS & CLINICS

School: _____ Head Coach: _____ League Coach: _____

Contact Phone #: _____ League Coach Phone # _____

Head Coach Email: _____ League Coach Email: _____

Team Member Registration: Each team member must read the WAIVER. By entering your information in this table, and signing, team member agrees to the terms of waiver.

(Print) First/Last Name	Grade	Email Address (participant or parent)	Signature (Parent/Guardian if under 18)	Emergency Contact Name/Number

Check Appropriate League Level

League Level (Choose One) ☐ **A** ☐ **B** ☐ **C** ☐ **D**

A= varsity A (upper division) B= varsity B C= varsity reserve D= 8th & 9th grade

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!