



## 2015 YOUTH SPORTS AND FITNESS CAMP!

Hosted by UW-La Crosse

- Date:** August 3-4, 2015
- Time:** 9:00 a.m. – 4:00 p.m.  
*\*Drop off between 8-9am*  
*\*Pick-up between 4-5pm*
- Location:** Eagle Recreational Center
- Cost:** Early Bird Registration before July 20<sup>th</sup>  
1 Day - \$35 OR Both days - \$60
- Registration on, or after, July 20<sup>th</sup>  
1 Day - \$40 OR Both Days - \$65
- Ages:** 5 to 14

### ACTIVITIES MAY INCLUDE

- Basketball, Football, Volleyball
- Kickball, Soccer
- Pickleball, Floor Hockey
- Parachute Activities, Dance
- Free time to play many fun games

### LEARN ABOUT

- Sportsmanship
- Teamwork
- Nutrition
- Health Concepts
- Fitness

**This camp is designed to help children 5 to 14 years old realize the benefits of living a physically active lifestyle. It is our goal that the camp be a positive and fun experience for all individuals involved.**

Visit [uwlcamps.com](http://uwlcamps.com) for online registration, printable registration, and more information!

**2015 YOUTH SPORTS AND FITNESS CAMP!**  
**AUGUST 3-4, 2015**  
**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

Second Participant's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size:    YS    YM    YL    YXL

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email (necessary for confirmation and camp communication):  
\_\_\_\_\_  
\_\_\_\_\_

Special needs for participant(s): \_\_\_\_\_  
\_\_\_\_\_

**COST:**

Early Bird Registration *\*before July 20<sup>th</sup>*

One Day: \$35

Both Days: \$60

Registration on, or after, July 20<sup>th</sup>

One Day: \$40

Both Days: \$65

Amount Enclosed: \$ \_\_\_\_\_

Check enclosed, made payable to: *UW-La Crosse*

Return form to:

*UW-La Crosse Athletic Camps & Clinics*

*132 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: \_\_\_\_\_

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