Fall 2015 EAGLES WRESTLING CLUB

Hosted by UW-La Crosse Wrestling.

Dates: Mondays & Wednesdays
                          August 17 – October 21, 2015

Times: 6:00-7:15 PM

Ages: Grades 7-12

Facility: UW-L Wrestling Room, Mitchell Hall

Cost: $150 for all 19 sessions
                          $10 per session

Coaching Staff: UW-La Crosse Eagle Wrestling Coaches
                          Current UW-La Crosse Wrestlers

Individual instruction from UW-La Crosse coaching staff and athletes
Learn advanced skills, drills and fundamentals
Learn to compete at a higher level
Train like an Eagle

Fall 2015 EAGLES WRESTLING CLUB
Mondays & Wednesdays, 6:00-7:15 PM
August 17 – October 21, 2015
Grades 7-12

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: _____ Weight: _____

Second Participant's Full Name: _____

Date of Birth: _____ Grade: _____ Age: _____ Weight: _____

Address: _____

City/State/Zip: _____

Emergency Contact Name: _____

Cell Phone: _____ Work Phone: _____

Email *(necessary for confirmation and camp communication)*:_____

Special needs for participant(s): _____

Sessions Attending:

_____ALL SESSIONS

_____Individual Session(s)   Date(s):_____

COST: All 19 Sessions: $150
               Individual Sessions: $10/session

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: _____