



**2015 FALL BOYS BASKETBALL
JUNIOR EAGLES CAMP**
Hosted by UW-La Crosse Basketball

Dates: Oct 11, 18, 25, Nov 1

Time: 6-8 PM

Age: Boys in grades 3-8

Cost: \$60/Player

Included: Junior Eagle Jersey

Check In: 30 min prior to camp

Camp Staff: UW-L Coaching Staff
UW-L Collegiate Athletes
Athletic Trainer on duty

Location: Mitchell Hall Gyms

*Offensive and defensive skill sessions
Team development
5 on 5 league play, 3 on 3 league play
Campers grouped by age/ability
Self-improvement plans
Contests and awards*

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

2015 FALL JUNIOR EAGLES BOYS BASKETBALL CAMP Registration Form



Dates: Oct 11, 18, 25, Nov 1
Times: 6-8 PM
Ages: Grades 3-8
Cost: \$60 per player

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

Participant's Full Name: _____

Date of Birth: _____ Grade (fall): _____ Age: _____ Jersey Size: YS YM YL YXL S M L XL

Second Participant's Full Name: _____

Date of Birth: _____ Grade (fall): _____ Age: _____ Jersey Size: YS YM YL YXL S M L XL

Address: _____

City/State/Zip: _____

Emergency Contact Name: _____

Cell Phone: _____ Alternate Phone: _____

Email (necessary for confirmation and camp communication): _____

Special needs for participant(s): _____

Check Appropriate:

Yes, I would like to order a new Junior Eagle jersey. The correct size is marked above. Enclosed is \$60.

No, I don't need a new Junior Eagle jersey. I can wear one from a previous year. Enclosed is \$50.

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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