



2015 YOUTH FOOTBALL CAMPS GRADES K-8

Hosted by UW-La Crosse Football

Individual instruction by the UW-La Crosse coaching staff & current players.

Offensive & defensive position specific skills, drills & fundamentals.

Learn skills, drills & fundamentals.

Spring

Dates: April 19, 26, May 3
Times: 4:30-6:00 PM
Cost: \$50

Summer

Dates: June 24-26
Times: 9:00-11:00 AM
Cost: \$75

Coaches: UW-L Football Coaching Staff
& UW-L Football Student-Athletes

Included: UW-L Football Camp T-Shirt

What to bring: Cleats **If you have them. For outdoor use only*
Tennis Shoes **For outdoors and indoors if needed*

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

2015 YOUTH FOOTBALL CAMP 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 S M L XL

Second Participant's Full Name: _____

Date of Birth: _____ Grade: _____ Age: _____ T-shirt size: YS YM YL YXL S M L XL

Address: _____

City/State/Zip: _____

Emergency Contact Name: _____

Phone #1: _____ Phone #2: _____

Email (necessary for confirmation and camp communication):

Special needs for participant(s): _____

Camp Sessions Attending (Check all that apply):

SPRING YOUTH FOOTBALL CAMP

Grades K-8
April 19, 26, May 3
4:30-6:00 PM
Cost: \$50

SUMMER YOUTH FOOTBALL CAMP

Grades K-8
June 24-26
9:00-11:00 AM
Cost: \$75

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: _____

visit uwlcamps.com for online registration and more information!