2015 UW-L SUMMER GIRLS BASKETBALL CAMPS

Registration Form

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



Team Name:	Team Contact:		
Contact Phone #:	_Contact Email:		
Contact Address:	City/State/Zip:		

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 Events & Levels	Amount Enclosed: \$ Checks enclosed, made payable to: UW-La Crosse
High School One Day Tourney (\$175 / team)Middle School League (\$275 / team) June 20 th June 7, 14, 21, 28	Return form to:
VarsityJVMaroon (grades 5-6)Grey (grades 7-8)	132 Mitchell Hall 1725 State St. La Crosse, WI 5460

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 UWICAMPS.COM for online registration and more information!