

# 2015 SUMMER WRESTLING CAMPS

July 8-11, 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: \_\_\_\_\_ Weight: \_\_\_\_\_ T-Shirt Size (*adult size*): S M L XL XXL

Roommate Preference (Resident Campers Only): \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ T-Shirt Size (*adult size*): S M L XL XXL

Roommate Preference (Resident Campers Only): \_\_\_\_\_

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

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

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

Emergency Phone : \_\_\_\_\_ Emergency Alternate Phone: \_\_\_\_\_

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

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

### Check Camp Attending:

\_\_\_\_ Excellence Camp

Cost: \$325 Resident  
\$225 Commuter

Ages: Entering grades 3-12

\_\_\_\_ Elite Camp

Cost: \$350 Resident  
\$250 Commuter

Age: Entering Grades 7-12

\_\_\_\_ Big Man Camp

Cost: \$350 Resident  
\$250 Commuter

Age: Entering grades 9-12  
\*weight 171 and up

*Minimum of \$50 deposit must accompany registration form. If paying full amount and prior to June 1, deduct \$25 from total registration fee.*

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