

2016 YOUTH SPORTS AND FITNESS CAMP!

Hosted by UW-La Crosse

Date: August 1-2, 2016

Time: 9:00 a.m. – 4:00 p.m.

*Drop off between 8-9am *Pick-up between 4-5pm

Location: Eagle Recreational Center

Cost: Early Bird Registration before July 19th

1 Day - \$35 OR Both days - \$60

Registration on, or after, July 19th

1 Day - \$40 OR Both Days - \$65

Ages: 5 to 14

Family Discount – 1st Child full price - 2nd and 3rd Child from same family ½ off each child – 4th child free!

ACTIVITIES MAY INCLUDE

- Basketball, Football, Volleyball
- Kickball, Soccer
- Pickleball, Floor Hockey
- Parachute Activities, Dance
- Free time to play many fun games

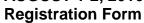
LEARN ABOUT

- Sportsmanship
- Teamwork
- Nutrition
- Health Concepts
- Fitness

This camp is designed to help children 5 to 14 years old realize the benefits of living a physically active lifestyle. It is our goal that the camp be a positive and fun experience for all individuals involved.

2016 YOUTH SPORTS AND FITNESS CAMP

AUGUST 1-2, 2016





| Please print cle | early. W | e cannot proces | ss incomplet | e registrations. | All info | rmation | reques | sted must be p | rovided. |
|--|--|---|---|--|----------------------------------|----------------------------------|-------------------------------|--|----------------------------|
| Participant's Full N | lame: | | | | | | | | |
| Date of Birth: | | Grade: _ | Age: | T-Shirt Size: | YS | YM | YL | YXL | |
| Second Participant | t's Full Na | me: | | | | | | | |
| Date of Birth: | | Grade: _ | Age: | T-Shirt Size: | YS | YM | YL | YXL | |
| Address: | | | | | | | | | |
| City/State/Zip: | | | | | | | | | |
| Emergency Contac | ct Name: _ | | | | | | | | |
| Cell Phone: | | | | Work Phone: | | | | | |
| Email (necessary f | for confirm | nation and camp con | nmunication): | | | | | | |
| Special needs for p | participant | (s): | | | | | | | |
| COST: Family | | Bird Registration One Day: \$3 Both Days: \$6 Int – 1 st Child full | 5 60 | 9 th R nd 3 rd Child fron | E | One Da Both Da | y: \$4 iys: \$6 | 65 | child free! |
| | | | Amount En | closed: \$ | | - | | | |
| | | Check | enclosed, m | ade payable to: | UW-La | Cross | е | | |
| | | U | W-La Crosso 25 1 | eturn form to: e Athletic Camp. 5A Mitchell Hall 1725 State St. Crosse, WI 5460 | | nics | | | |
| director is notification. Crosse, their of are sustained, authorize that a | ied in wr fficers, a incurred any med | riting prior to car agents, and emp , or required aris | np. By signi loyees from sing out of th agnostic and | os, publicity and ng this form I ag any and all liabine actions of my I hospital proced emergency. | ree to h lity, loss depend | nold had s, dama dent in t | rmless ages, co the cou | and indemnify osts, or expendrse of the cam | UW-La ses which p. I |
| Parent/Guardian S | ignature: _ | | | | | | | | |
| Date: | | | | | | | | | |