



**2016 GIRL'S AND BOY'S  
3 ON 3 BASKETBALL LEAGUE**  
Hosted by UW-La Crosse Basketball

Play 2-3 games each night against and with kids of the same age and gender  
Get instruction from experienced players and coaches while having fun  
Improve your basketball skills

**Age:** Open to players in grades 4-12  
**Divisions:** 4/5<sup>th</sup>, 6<sup>th</sup>, 7/8<sup>th</sup>, 9/10<sup>th</sup>, 11/12<sup>th</sup>

**Included:** T-Shirt

**Dates:** April 10, 17, 24  
*\*Registration deadline is April 1<sup>st</sup>*

**Where:** Mitchell Hall  
on UW-L Campus

**Time:** Tentatively 5:30-9:30 pm  
(20 min. games or first team to 15 pts)  
*\*Schedule & Rules emailed upon registration completion*

**Cost:** \$45/Player;  
Register as a team  
(Max of 5 Players/team)  
*\*No Refunds*

For questions or more info contact Head Coach Lois Heeren: 608-785-8618 or [lheeren@uwlax.edu](mailto:lheeren@uwlax.edu)  
OR  
UWL Athletic Camps Office: 608-785-8193 or [athleticcamps@uwlax.edu](mailto:athleticcamps@uwlax.edu)

Visit [uwlaxcamps.com](http://uwlaxcamps.com) for online registration, printable registration, and more information!

# 2016 GIRL'S AND BOY'S 3 ON 3 BASKETBALL LEAGUE Registration Form



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

**Team Name:** \_\_\_\_\_

**Division:** \_\_\_\_\_

Player 1 Name (**Captain**): \_\_\_\_\_

Adult T-Shirt Size: XS S M L XL XXL

Gender: M F Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/guardian signature acknowledging waiver below: \_\_\_\_\_

Player 2 Name: \_\_\_\_\_

Adult T-Shirt Size: XS S M L XL XXL

Gender: M F Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/guardian signature acknowledging waiver below: \_\_\_\_\_

Player 3 Name: \_\_\_\_\_

Adult T-Shirt Size: XS S M L XL XXL

Gender: M F Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/guardian signature acknowledging waiver below: \_\_\_\_\_

Player 4 Name: \_\_\_\_\_

Adult T-Shirt Size: XS S M L XL XXL

Gender: M F Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/guardian signature acknowledging waiver below: \_\_\_\_\_

Player 5 Name: \_\_\_\_\_

Adult T-Shirt Size: XS S M L XL XXL

Gender: M F Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/guardian signature acknowledging waiver below: \_\_\_\_\_

Adult Contact Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

<b>Dates:</b>	April 10, 17, 24 (Registration Deadline April 1 <sup>st</sup> )
<b>Time:</b>	Tentatively 5:30-9:30 p.m.
<b>Age:</b>	Grades 4-12
<b>Cost:</b>	\$45/Player (Register as a team, max 5/team) NO REFUNDS **unless division team minimum of 7 is not met

Check enclosed, made payable to: *UW-La Crosse*

Return form to:  
*UW-La Crosse Athletic Camps & Clinics  
25A Mitchell Hall  
1725 State St.  
La Crosse, WI 54601*

**Amount Enclosed:** \$ \_\_\_\_\_

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