



2016 Elite Skills – College Bound Clinic

The UW-La Crosse Baseball Program would like to invite 2017 high school graduates to join our coaching staff and players in a one day clinic designed to test and enhance your skills in preparation for a future in college baseball. This clinic is only for those players graduating in 2017, and who have a desire to play college baseball.

- WHO:** 2017 High School Graduates interested in playing college baseball
- WHEN:** Sunday, August 21st
- TIMES:** 12:00 PM – 4:30 PM
- WHERE:** Copeland Park
1130 Copeland Park Dr.
La Crosse, WI 54601
- COST:** \$50
- INCLUDED:** Camp T-shirt
Gatorade throughout clinic
- WHAT TO BRING:** Please wear baseball attire (baseball pants, hat, spikes, turfs/tennis shoes)
Bring own equipment (catchers gear, glove/mitt, bat)
- REGISTRATION:** Please register in advance at: www.uwlcamps.com
OR by filling out the registration form and sending it in.
Registration and payment at the site the day of is acceptable, however please let us know in advance that you are attending.

***For those that are interested, we will start on campus before the clinic at 10:00AM and give a campus tour, facilities tour, and hold an informational session. Food will be provided during the informational session at approximately 11am. These activities are not part of the clinic, and are free to any individuals interested in learning more about UW-La Crosse and our Baseball Program. Those that wish to participate must confirm their attendance by emailing Head Coach Chris Schwarz at: cschwarz@uwlax.edu**

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

2016 FALL ELITE SKILLS – COLLEGE BOUND CLINIC UW-LA CROSSE BASEBALL



Dates: August 21st
Times: 12:00 PM – 4:30 PM
Ages: 2017 High School Graduates interested in playing college baseball
Cost: \$50

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

Player Name: _____ High School: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Parent/Guardian Phone Contact: _____

Email: _____

Height: _____ Weight: _____ Primary Position (Please only list your primary position to be considered for college baseball): _____

Bats: R or L

Throws: R or L

T Shirt Size: M L XL

Amount Enclosed: \$ _____

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*

If you have any questions, please contact Head Coach Chris Schwarz by e-mail at cschwarz@uwlax.edu or Assistant Head Coach Scott Gillitzer by email at sgillitzer@uwlax.edu.

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 uwlacamps.com for online registration and more information!