



2016 BOYS BASKETBALL CAMP

Hosted by UW-La Crosse Basketball

Dates:	June 27-30, 2016	Time:	9:00 am – 11:30 am
Age:	Entering grades 3-8	Cost:	\$80/Player \$90 after June 1, 2016
Included:	Camp T-shirt	Check In:	30 min prior to camp
Camp Staff:	UW-L Coaching Staff UW-L Collegiate Athletes Athletic Trainer on duty	Location:	Mitchell Hall Gyms

Offensive and defensive skill sessions
Team development
5 on 5 league play, 3 on 3 league play
Campers grouped by age/ability
Self-improvement plans
Contests and awards

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

2016 SUMMER JUNIOR EAGLES BOYS BASKETBALL CAMP

Registration Form



Dates: June 27-30, 2016
Times: 9:00 am – 11:30 am
Ages: Entering Grades 3-8
Cost: \$80 per player, \$90 after June 1, 2016

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

Participant's Full Name: _____

Date of Birth: _____ Grade (fall 2016): _____ Age: _____ T Shirt Size: YS YM YL YXL S M L XL

Second Participant's Full Name: _____

Date of Birth: _____ Grade (fall 2016): _____ Age: _____ T Shirt Size: YS YM YL YXL S M L XL

Address: _____

City/State/Zip: _____

Emergency Contact Name: _____

Cell Phone: _____ Alternate Phone: _____

Email (necessary for confirmation and camp communication): _____

Special needs for participant(s): _____

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*

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 for online registration and more information!