



2016 Skills Academy QB, RB, WR, LB, DB

Our 5 weekly skills sessions are designed for individuals who are serious about improving their physical skills, knowledge and mental aspects pertaining to their skill position. Participants will work with coaches from the collegiate level dedicated to developing the essential tools for reaching their potential. One-on-one and small group instruction with UW-L Coaches and Players will not only provide participants the opportunity to learn skills necessary to improving performance on the field, but also to develop and refine the skills learned throughout the course of the five week sessions.

- WHO:** Grades 9-12
- WHEN:** June 15, 22, 29
July 6, 13
- TIMES:** 9:30 – 11:30AM
- WHERE:** UW-La Crosse
- COST:** \$25 for 1 session
\$100 for all 5 sessions
- REGISTRATION:** Online @ www.uwlcamps.com
OR
Mail-in registration

Participants register for this camp as an individual. You may register for 1 or multiple sessions. Discount of \$25 available when registering for all 5 sessions.

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

2016 FOOTBALL CAMPS

Skills Academy

Registration Form



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

Participants Full Name: _____ Grade (Fall 2016): _____

Height: _____ Weight: _____ High School: _____ Coach: _____

Skills Position (circle): QB RB WR LB DB

Second Participants Full Name: _____ Grade (Fall 2016): _____

Height: _____ Weight: _____ High School: _____ Coach: _____

Skills Position (circle): QB RB WR LB DB

Address: _____

City/State/Zip: _____

Emergency Contact Name: _____

Phone #1: _____ Phone #2: _____

Email (necessary for confirmation and camp communication): _____

Special needs for participant(s) _____

Camp Sessions Attending:

____ All Sessions (\$100) ____ June 15 (\$25) ____ June 22 (\$25) ____ June 29 (\$25) ____ July 6 (\$25) ____ July 13 (\$25)

Skills Academy

Dates: June 15,22, 29 July 6, 13

Times: 9AM – 12PM

Ages: Grades 9-12

Cost: All Sessions \$100

Individual Sessions \$25

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!