



2016 YOUTH VOLLEYBALL CAMP

Hosted by UW-La Crosse Volleyball

*Open to players of any experience level.
Learn fundamental volleyball skills.
Have fun with a variety of games every day.*

Dates:	July 11-15, 2016
Times:	9:00 a.m. – 12:00 p.m.
Cost:	\$80/camper
Ages:	Entering grades 2-6
Location:	Mitchell Hall Gyms
Coaches:	UW-L Coaching Staff, Collegiate Athletes
Included:	UW-L Volleyball T-Shirt
What to bring:	Tennis shoes, water bottle



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

2016 YOUTH VOLLEYBALL CAMP

Registration Form



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

Participant's Full Name: _____

Date of Birth: _____ Grade: _____ Age: _____ T-shirt size: YS YM YL YXL S M L XL

Second Participant's Full Name: _____

Date of Birth: _____ Grade: _____ Age: _____ T-shirt size: YS YM YL YXL S M L XL

Address: _____

City/State/Zip: _____

Emergency Contact Name: _____

Phone #1: _____ Phone #2: _____

Email (necessary for confirmation and camp communication): _____

Special needs for participant(s): _____

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Ages: Entering grades 2-6

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: _____

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