



## **2016 YOUTH FOOTBALL CAMP**

**Hosted by UW-La Crosse Football**

Individual instruction by the UW-La Crosse coaching staff & current players.  
Offensive & defensive position specific skills, drills & fundamentals.  
Learn skills, team concepts, safety, & fun!

WHO:	Grades 2-5
WHEN:	June 20, 21, 22
WHERE:	UW-La Crosse
TIMES:	8AM – 12PM
COST:	\$85
INCLUDED:	UWL Football T-Shirt
REGISTRATION:	Online @ <a href="http://www.uwlcamps.com">www.uwlcamps.com</a> OR Mail-in registration form

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

# 2016 YOUTH & MIDDLE SCHOOL FOOTBALL CAMPS Registration Form



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

Participant's Full Name: \_\_\_\_\_

Grade (fall of 2016): \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt size (please circle): YS YM YL YXL S M L XL

Second Participant's Full Name: \_\_\_\_\_

Grade (fall of 2016): \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt size (please circle): 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): \_\_\_\_\_

Camp Sessions Attending:

\_\_\_\_\_ **YOUTH FOOTBALL CAMP**

\_\_\_\_\_ **MIDDLE SCHOOL FOOTBALL CAMP**

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

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

Grades 2-5  
June 20, 21, 22  
8am – 12pm  
Cost: \$85

Grades 6-8  
June 15, 16, 17  
8am – 12pm  
Cost: \$85

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