



**2016 FALL BOYS BASKETBALL  
JUNIOR EAGLES CAMP**  
Hosted by UW-La Crosse Basketball

**Dates:** Oct 9, 16, 23, 30

**Time:** 6-8 PM

**Age:** Boys in grades 3-8

**Cost:** \$65/Player

**Included:** Junior Eagle Jersey

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

# 2016 FALL JUNIOR EAGLES BOYS BASKETBALL CAMP Registration Form



**Dates:** Oct 9, 16, 23, 30  
**Times:** 6-8 PM  
**Ages:** Grades 3-8 **Cost:**  
\$65 per player

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

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

Date of Birth: \_\_\_\_\_ Grade (fall): \_\_\_\_\_ Age: \_\_\_\_\_ Jersey Size: YS YM YL YXL S M L XL

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

Date of Birth: \_\_\_\_\_ Grade (fall): \_\_\_\_\_ Age: \_\_\_\_\_ Jersey 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): \_\_\_\_\_

Check Appropriate:

\_\_\_\_ Yes, I would like to order a new Junior Eagle jersey. The correct size is marked above. Enclosed is \$65.

\_\_\_\_ No, I don't need a new Junior Eagle jersey. I can wear one from a previous year. Enclosed is \$50.

Amount Enclosed: \$ \_\_\_\_\_

Check enclosed, made payable to: *UW-La Crosse*

Return form to:  
*UW-La Crosse Athletic Camps &  
Clinics 132 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: \_\_\_\_\_