2016 FALL LIL' EAGLES CAMP
Hosted by UW-La Crosse Women's Basketball

Work on Fundamentals
Contests
Offensive and Defensive Skill Sessions
Campers Grouped by Age/Ability to Enhance Instruction

Dates: October 9, 16, 23, 30

Times: 3:30-5:30 PM

Ages: Girls in grades 2-8

Included: UWL Long Sleeve Shirt
                     Pizza Party on Last Night
                     Weekly Prizes
                     Player Autographs

What to bring: Tennis shoes, water bottle

Registration: 3:00 to 3:30 PM

Cost: $65.00 per player
                     $10 off per additional child

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

2016 GIRLS BASKETBALL LIL' EAGLES 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: _____

Cell Phone: _____ Work Phone: _____

Email *(necessary for confirmation and camp communication):*_____

Special needs for participant(s): _____

Dates:	October 9, 16, 23, 30
Time:	3:30-5:30 PM
Age:	Currently in Grades 2-8
Cost:	$65 per player $10 off per additional child

Amount Enclosed: $ _____

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

Return form to:
UW-La Crosse Athletic Camps & Clinics
110 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: _____