



## **2015 ONE DAY GIRL'S YOUTH TOURNAMENT**

**Hosted by UW-La Crosse Women's Basketball**

*3 game guarantee with the potential of a 4<sup>th</sup> game.*

*UW-L T-shirt to the team champions*

*Two 20 minute halves, running clock*

*Strength and Conditioning instruction included.*

Dates:	June 20, 2015
Times:	Check In: 8 a.m. – 9 a.m.
Ages:	JV/Varsity High School Teams
Cost:	\$175.00/team

Only school teams are eligible for youth tournament. No AAU teams.  
Coaches should fill out one registration form for the entire team. Players do not  
need to register individually.

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

# 2015 UW-L SUMMER GIRLS BASKETBALL CAMPS

## Registration Form

Please print clearly. We cannot process incomplete registrations.

All information requested must be provided.



Team Name: \_\_\_\_\_ Team Contact: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Contact Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Team Member Registration:** Each team member must read the **WAIVER**. By entering your information in this table, and signing, team member agrees to the terms of waiver.

(Print) First/Last Name	Grade	Email Address (participant or parent)	Signature (Parent/Guardian if under 18)	Emergency Contact Name/Number

**Check Appropriate Events & Levels**

**High School One Day Tourney** (\$175 / team) June 20<sup>th</sup>
 **Middle School League** (\$275 / team) June 7, 14, 21, 28  
 **Varsity**     **JV**
 **Maroon (grades 5-6)**     **Grey (grades 7-8)**

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

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

Return form to:  
132 Mitchell Hall  
1725 State St.  
La Crosse, WI 5460

**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.