

# 2015 SWIMMING CAMPS: Swim Lessons Levels 1-6 Registration Form



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

Participants Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Skill Level: \_\_\_\_\_

Second Participant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Skill Level: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Email (necessary for confirmation and camp communication): \_\_\_\_\_

Special needs for participant(s): \_\_\_\_\_

## Sessions Attending:

Session 1 at 9AM \_\_\_\_\_ Session 2 at 10AM \_\_\_\_\_

## Swimming Lessons: Levels 1-6

Dates: March 28, April 4, 11, 18, 25  
Times: Session 1---9AM  
Session 2---10AM  
Ages: All Ages – Refer to Level Descriptions  
Cost: \$50 for all 5 Dates

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*

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

**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!