

2015 GIRL'S AND BOY'S 3 ON 3 BASKETBALL LEAGUE Registration Form



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

Team Name: _____ **Division:** _____

Player 1 Name (**Captain**): _____ Adult T-Shirt Size: XS S M L XL XXL
 Gender: M F Grade: _____ Age: _____ Email: _____
 Parent/guardian signature acknowledging waiver below: _____

Player 2 Name: _____ Adult T-Shirt Size: XS S M L XL XXL
 Gender: M F Grade: _____ Age: _____ Email: _____
 Parent/guardian signature acknowledging waiver below: _____

Player 3 Name: _____ Adult T-Shirt Size: XS S M L XL XXL
 Gender: M F Grade: _____ Age: _____ Email: _____
 Parent/guardian signature acknowledging waiver below: _____

Player 4 Name: _____ Adult T-Shirt Size: XS S M L XL XXL
 Gender: M F Grade: _____ Age: _____ Email: _____
 Parent/guardian signature acknowledging waiver below: _____

Player 5 Name: _____ Adult T-Shirt Size: XS S M L XL XXL
 Gender: M F Grade: _____ Age: _____ Email: _____
 Parent/guardian signature acknowledging waiver below: _____

Adult Contact Name: _____ Cell Phone: _____ Work Phone: _____

Email (necessary for confirmation and camp communication): _____

Dates: August 16, 23, 30, 2015 (Registration deadline Aug 1st)
Time: Tentatively 5:30-9:30 p.m.
Age: Grades 4-12
Cost: \$45/Player (Register as a team, max 5/team)
 NO REFUNDS
 **unless division team minimum of 7 is not met

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.