## 2015 SWIMMING CAMPS: Technical Clinics Registration Form



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

Participants Full	Name:			
Date of Birth: G		_ Grade (Fall 2015):	_ School:	
Second Participa	ant's Full Name:			
Date of Birth: C		_ Grade (Fall 2015):	_ School:	
Address:				
City/State/Zip: _				
Emergency Cont	act Name:			
Emergency Phone #1: Emergency			y Phone #2:	
Email (necessar)	y for confirmation and	camp communication):		
Special needs fo	r participant(s):			
		oril 27 (\$25) April 28 (\$	(25)May	1 (\$25)May 2 (\$25)July 20 (\$25)
Technical Swi	mming Clinics			
Dates: Times: Requirements: Cost: Amour	April 27, 28, 29, May 1, 2 Mon,Tues,Weds,Fri 4:30-6:30pm, Sat 10am-12pm S: Meet experience and ability to swim full 25 of clinic \$25/session or \$90 for all sessions  hount 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
to camp. By sign liability, loss, dar of the camp. I a cannot be reache	ning this form I agree nages, costs, or expe	to hold harmless and indemn nses which are sustained, ind ical, surgical, diagnostic and emergency.	ify UW-La Cros curred, or requir	articipant list unless camp director is notified in writing prior ise, their officers, agents, and employees from any and all red arising out of the actions of my dependent in the course ures may be performed by a physician on my dependent if
	Date:			