

2015 FALL ELITE SKILLS – COLLEGE BOUND CLINIC UW-LA CROSSE BASEBALL



Dates: August 16th OR October 17th
Times: 11:00 AM – 3:30 PM
Ages: 2016 High School Graduates interested in playing college baseball
Cost: \$45

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

Player Name: _____ High School: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Email: _____

Height: _____ Weight: _____ Primary Position: _____ Secondary Position: _____

Please circle: Bats: R or L Throws: R or L

T Shirt Size: S M L XL XXL

Date Attending: ____ Sunday, August 16th, 2015 or ____ Saturday, October 17th, 2015

Amount 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*

If you have any questions, please contact Head Coach Chris Schwarz by e-mail at cschwarz@uwlax.edu or Assistant Head Coach Scott Gillitzer by email at sgillitzer@uwlax.edu.

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 uwlax.com/camps for online registration and more information!