

2015 FOOTBALL CAMPS: Individual & Team, Commuter & Resident Registration Form



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

Participant's Full Name: _____

Date of Birth: _____ Grade (Fall 2015): _____ Age: _____ T-shirt size: M L XL XXL

Height: _____ Weight: _____ High School: _____ Coach: _____

Second Participant's Full Name: _____

Date of Birth: _____ Grade (Fall 2015): _____ Age: _____ T-shirt size: M L XL XXL

Height: _____ Weight: _____ High School: _____ Coach: _____

Address: _____

City/State/Zip: _____

Emergency Contact Name: _____

Phone #1: _____ Phone #2: _____

Email (necessary for confirmation and camp communication): _____

Special needs for participant(s): _____

Roommate Preference (resident campers only): _____

Indicate your 1st and 2nd choice of positions to practice during individual camp. If you only play one position, list the same position twice.

QB RB WR TE OL ILB OLB DB DL ____1ST Choice ____2ND Choice

Camp Sessions Attending (Check all that apply):

 Resident Camper

Dates: June 21-23
Times: June 21 (noon)-June 23 (6 p.m.)
Ages: Grades 9-12
Cost: \$200

 Commuter Camper

Dates: June 21-23
Times: June 21 (noon-9 p.m.), June 22 (8:30 a.m.-9 p.m.), June 23 (8:30 a.m.-6 p.m.)
Ages: Grades 9-12
Cost: \$150

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

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 for online registration and more information!