

# 2015 YOUTH FOOTBALL CAMP Registration Form



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

Participant's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt size: YS YM YL YXL S M L XL

Second Participant's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt size: YS YM YL YXL S M L XL

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

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

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

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

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

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

Camp Sessions Attending (Check all that apply):

**SPRING YOUTH FOOTBALL CAMP**

Grades K-8  
April 19, 26, May 3  
4:30-6:00 PM  
Cost: \$50

**SUMMER YOUTH FOOTBALL CAMP**

Grades K-8  
June 24-26  
9:00-11:00 AM  
Cost: \$75

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](http://uwlcamps.com) for online registration and more information!

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Second Participant's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt size: YS YM YL YXL S M L XL

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

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

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