

2017 FOOTBALL CAMPS: Quarterback Camp Registration Form



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

Coaches should register their team for 7 on 7 camp.

Participants Full Name: _____

Date of Birth: _____ Grade (Fall 2017): _____ Age: _____ T-shirt size: M L XL XXL

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

Second Participant's Full Name: _____

Date of Birth: _____ Grade (Fall 2017): _____ 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): _____

Camp Sessions Attending:

____ All Sessions (\$100) ____ May 30 (\$50) ____ June 12 (\$50)

Quarterback Camp

Dates: May 30 and June 12

Times: 9 AM to 12 PM

Ages: Grades 9-12

Cost: All Sessions \$100

Individual Sessions \$50

Amount Enclosed: \$ _____

Check enclosed, made payable to: *UW-La Crosse*

Return form to:

UW-La Crosse Athletic Camps & Clinics

110 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!