

2017 FOOTBALL CAMPS

Individual & Team Camp

Registration Form



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

Participant's Full Name: _____

Grade (Fall 2017): _____ Height: _____ Weight: _____ T-shirt size (please circle): S M L XL XXL

High School: _____ Coach: _____

Primary Position: QB RB WR LB DB OL DL Secondary Position: QB RB WR LB DB OL DL

Participant's Full Name: _____

Grade (Fall 2017): _____ Height: _____ Weight: _____ T-shirt size (please circle): S M L XL XXL

High School: _____ Coach: _____

Primary Position: QB RB WR LB DB OL DL Secondary Position: QB RB WR LB DB OL DL

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): _____

Please indicate date(s) you will be attending:

July 19 _____ July 20 _____ July 21 _____
\$65 per day

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!