

# 2017 OL / DL FOOTBALL CAMP Registration Form



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

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

Grade (fall of 2017): \_\_\_\_\_ Age: \_\_\_\_\_ Primary Position: OL DL Secondary Position: OL DL N/A

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

Grade (fall of 2017): \_\_\_\_\_ Age: \_\_\_\_\_ Primary Position: OL DL Secondary Position: OL DL N/A

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

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

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

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

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

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

Date: Both June 18 and July 16 \_\_\_\_\_ June 18 \_\_\_\_\_ July 16 \_\_\_\_\_

**UWL Football OL / DL Camp  
June 18 or July 16  
4:45 PM – 6:30 PM  
\$10 if signed up for UWL Passing League  
\$40 if NOT signed up for UWL Passing League**

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