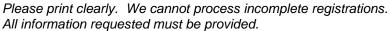
2017 OL / DL FOOTBALL CAMP

Registration Form





Participant's Full Name:								
Grade (fall of 2017):	Age:	Primary Position:	OL	DL	Secondary Position:	OL	DL	N/A
Second Participant's Full Name	e:							
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 confirmate	ion and camp commun	ication):						
Special needs for participant(s)):							
Date: Both June 18 and July 16	6 June 18	July 16						
	\$40 if NOT s	igned up for UW	L P	assin	g League			
		Amount Enclosed: \$						
	Check 6	enclosed, made payable t	o: <i>UW</i>	-La Cros	ese			
	U	Return form to: W-La Crosse Athletic Can 110 Mitchell Hai 1725 State St. La Crosse, WI 546	İ	Clinics				
WAIVER: Registration in director is notified in writi Crosse, their officers, ag are sustained, incurred, authorize that any medic dependent if I cannot be	ing prior to camp. ents, and employe or required arising al, surgical, diagno	By signing this form es from any and all I out of the actions of ostic and hospital pro	I agre iabilit my d cedu	ee to ho y, loss, epende	old harmless and ind damages, costs, or ent in the course of t	lemni expe he ca	ify UV enses amp.	V-La which I
Parent/Guardian Signature:						_		
Date:								