

2017 FOOTBALL CAMPS

Passing League

Registration Form



*Please print clearly. We cannot process incomplete registrations.
All information requested must be provided.
Coaches should register their team for the Passing League*

Coach's Full Name: _____

High School: _____

School Address: _____

City/State/Zip: _____

On-site Contact Name (if-different): _____

Phone #1: _____ Phone #2: _____

Email (necessary for confirmation and camp communication) _____

Special needs for participant(s): _____

Passing League

Dates: June 18, 25, July 9, 16
Times: 3:30 – 7 pm
Specific times will be emailed out
Ages: Grades 9-12
Cost: \$150 per team

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!