

2017 YOUTH & MIDDLE SCHOOL FOOTBALL CAMPS 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: _____ T-shirt size (please circle): YS YM YL YXL S M L XL

Second Participant's Full Name: _____

Grade (fall of 2017): _____ Age: _____ T-shirt size (please circle): YS YM YL YXL S M L XL

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:

YOUTH FOOTBALL CAMP

MIDDLE SCHOOL FOOTBALL CAMP

Name: _____

Name: _____

Grades 2-5
June 19, 20, 21
8am – 11:30 am
Cost: \$90

Grades 6-8
June 13, 14, 15
8am – 11:30 am
Cost: \$90

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!