



UWL Football Movement Skills Camp

Registration Form
Sunday, April 28th, 2019
12:00PM-3:00PM
\$10 per camper

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

Participant's Full Name: _____ DOB: _____

High School: _____ Grad Year: _____ Age: _____

Second Participant's Full Name: _____ DOB: _____

High School: _____ Grad Year: _____ Age: _____

Address: _____ City/ State/ Zip: _____

Emergency Contact Name: _____ Emergency Phone: _____

Email (necessary for confirmation and camp communication): _____

Special needs for participant(s): _____

Amount Enclosed: \$ _____

Check enclosed, made payable to: **UW-La Crosse**

Return form to:
UW-La Crosse Athletic Camps & Clinics
25A 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!