

2017 VOLLEYBALL CAMPS: Day Camp/Championship Skills and Overnight/Elite Registration Form



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

Participant's Full Name: _____

Date of Birth: _____ Grade (Fall 2017): _____ Age: _____ T-shirt size: YS YM YL YXL S M L XL

High School: _____ Coach: _____

Roommate Preference (resident campers only): _____

Second Participant's Full Name: _____

Date of Birth: _____ Grade (Fall 2017): _____ Age: _____ T-shirt size: YS YM YL YXL S M L XL

High School: _____ Coach: _____

Roommate Preference (resident campers only): _____

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 (Check all that apply):

DAY CAMP / CHAMPIONSHIP SKILLS

OVERNIGHT / ELITE CAMP

Dates:	July 10-13	Dates:	July 14-16
Times:	9 AM – 4 PM	Times:	July 14 (2 pm-9 pm) – 1-2 pm registration July 15 (9 am-9 pm) July 16 (9 am- 12 pm)
Ages:	Entering grades 4-12	Ages:	Entering grades 6-12, & incoming College freshmen
Cost:	\$260	Cost:	Resident: \$250, Commuter: \$190

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!