



2018 Eagle ID Clinic

Hosted by UW-La Crosse Volleyball

Learn from UWL Volleyball Players and 2017 WIAC Coach of the Year, Amber Dunn!

Welcome to the University of Wisconsin-La Crosse Eagle ID camp! This is a single day clinic offered to female players from ages 16-21. The camp is a great way to get identified by the UWL Volleyball program and specific to players looking to showcase their talent.

The clinic will be led by 2017 WIAC Coach of the Year Amber Dunn and her 2017 NCAA Tournament team. The clinic will offer a small, intimate setting with high level coaching. Participants will have the opportunity to learn about the college recruiting experience and what it takes to be a student-athlete at the next level. The clinic will begin with an optional campus tour followed by an on court training session. Dinner will be provided with a classroom session to finish the clinic.

Dates:	May 11, 2018
Times:	2:30pm - Optional Campus Tour 4:00pm – Check-In 4:30pm – Q & A 5:00pm – Training Session 8:00-8:30pm – Classroom Session & Dinner
Cost:	\$60 thru April 29 \$75 after April 29
Ages:	Ages 16-21 <i>*Registration is limited to 30 players</i>
Location:	Mitchell Hall Gyms UW-La Crosse Campus
What to Bring:	Athletic Attire, Water Bottle, Knee Pads & Court Shoes, Healthy Snacks



A camp store will be available during registration, between sessions, and at the conclusion of camp.

UWL Volleyball apparel and accessories will be available for purchase. Be sure to take advantage and grab some awesome UWLVB gear!

Visit uwlcamps.com for online registration, printable registration, and more information!

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May 11

2:30pm – Optional Campus Tour

4:00pm – Check-In

4:30pm – Q & A

5:00pm – Training Session

8:00-8:30pm – Classroom Session & Dinner (provided)

\$60 thru June 17

\$75 after June 17



REGISTRATION FORM

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

Participant's Full Name: _____ Grade: _____ Affiliated Club: _____

Primary Position: _____ Secondary Position: _____ Have You Visited UWL Campus/Date: _____

Please List Any Volleyball Awards: _____ Attending Campus Tour: Yes No

Second Participant's Full Name: _____ Grade: _____ Affiliated Club: _____

Primary Position: _____ Secondary Position: _____ Have You Visited UWL Campus/Date: _____

Please List Any Volleyball Awards: _____ Attending Campus Tour: Yes No

Address: _____

City/State/Zip: _____

Emergency Contact Name: _____

Phone #1: _____ Phone #2: _____

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!