



2018 Elite / Prospect Camp

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 Volleyball Elite/Prospect Camp! This is a 3-day overnight camp designed for experienced players and those interested in learning more about UWL as an option for their collegiate career. The camp is designed for experienced players with a strong desire to work hard, be dedicated to the sport, and continue to improve their game. Campers will be provided with a true UWL Volleyball experience with Head Coach Amber Dunn, her coaching staff, and her players.

Collegiate Level Training Sessions – Q & A with UWL Volleyball Players – Classroom Sessions – Optional Campus Tour

Dates:	July 20-22, 2018
Cost:	Overnight \$330 Commuter \$250 *Costs increase on and after July 1 Overnight \$345 Commuter \$275
Grades:	9-12 & Incoming UWL 1 st Year Students
Sessions:	Check-In: 1:30pm, July 20 Day 1: 2:30-4:30, 6:30-8:30 Day 2: 9:30-12, 2-4:30, 6:30-8:30 Day 3: 9:00-12:30 Check-out: 12:30-1:30pm, July 22
Location:	Mitchell Hall Gyms UW-La Crosse Campus
What to Bring:	Athletic Attire, Water Bottle, Knee Pads & Court Shoes, Healthy Snacks Linens, Pillow, Blanket, Toiletries



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!

2018 Elite / Prospect ID Camp

July 20-22

Check-in: July 20 @ 1:30pm

Check-out: July 22 @ 1:30pm

Overnight \$330 (Increases to \$345 on & after July 1)

Commuter \$250 (Increases to \$275 on & after July 1)



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: _____

Roommate Request (only if overnight camper): _____

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

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

Please List Any Volleyball Awards: _____

Roommate Request (only if overnight camper): _____

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!