



WINTER EAGLE VOLLEYBALL ACADEMY

Hosted by UW-La Crosse Volleyball

Come join 2017 WIAC Coach of the Year Amber Dunn and the UWL Volleyball Team for an affordable and family friendly alternative to the more intense club experience. Eagle Volleyball Academy will offer direct, hands-on coaching with skill work and competitive play to athletes unable to participate in club volleyball this winter. Participants will receive one-on-one training with Coach Dunn and her staff who coached the Eagles to a WIAC Conference Championship and on to the second round of the NCAA Division III National Tournament.

Dates: Feb 10, 24, & Mar 10

Times: 3:00 – 6:00pm

Cost: \$105

Ages: 14 – 18

Location: Mitchell Hall Gyms

Coaches: Head Coach Amber Dunn
& Athletes

What to Bring: Shoes, Water Bottle



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

Winter Eagle Volleyball Academy

Registration Form

Feb 10, Feb 24 & Mar 10

3:00 – 6:00pm

Registration begins at 2:30PM

\$105



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

Participant's Full Name: _____ Grade: _____ Age: _____

Second Participant's Full Name: _____ Grade: _____ Age: _____

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!