

Little Eagles Day Camp

Hosted by UW-La Crosse Volleyball

Our Little Eagles Camp is open to young girls and boys who are excited to learn more about the sport of volleyball. Each camper will be introduced to the sport of volleyball and learn new skills in a fun-filled environment.

Our camp staff wants to provide a great experience to the newest players of our sport! It is important to our program that we are not only introducing the skills of the sport. We will also spend time teaching the value of being on a team and the skills it takes to be a great competitor. These Little Eagles are going to begin the process of learning how to become champions on and off the court!

Dates: July 22-24

Times: 9:00AM Check-in

9:30AM-12:00PM

Cost: \$75 early bird registration

\$90 after June 15

*Walk-in registrations are WELCOME! Please note camp gifts are not guaranteed and discounts do not apply for walk-in registrations.

Grades: K-7th

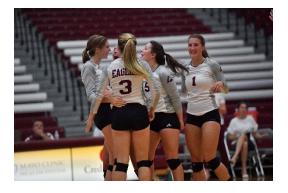
Location: Mitchell Hall Gyms

Coaches: Head Coach Amber Dunn

Assistant Coaches & Athletes

What to bring:

Court shoes & a water bottle







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Registration Form
July 22-24
9:30AM-12:00PM
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\$90 after June 15

Please print clearly. We cannot process incomplete registrations. All information requested must be provided. Participant's Full Name: School: DOB: _____ Age: ____ Gender: ____ Years of experience: ____ City/ State/ Zip: Address: 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: