Eagle Volleyball Academy

March 8 – April 8

Cost: $35/session | $90/3 sessions | $175/6 sessions

Check all sessions you would like to attend:

___ Sun, 3/8 – 3:00-5:00pm
___ Sun, 3/22 – 3:00-5:00pm
___ Sun, 4/5 – 3:00-5:00pm
___ Wed, 3/11 – 5:00-7:00pm
___ Wed, 3/25 – 5:00-7:00pm
___ Wed, 4/8 – 5:00-7:00pm

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

Participant's Full Name:_____ Grad Year:_____ Age: _____

High School:_____ Coach's Name:_____ Coach's Email: _____

Club Name:_____ Coach's Name:_____ Coach's Email: _____

Primary Position:_____ Secondary Position: _____

Preferred Roommate: N/A_____ T Shirt: **S** **M** **L** **XL**

Earned Accolades: _____

_____

Dietary Restrictions: _____

Address:_____ City/ State/ Zip: _____

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: _____

Visit uwlcamps.com for online registration and more information!