



## 2017 BOYS BASKETBALL CAMP

Hosted by UW-La Crosse Basketball

<b>Dates:</b>	June 26-29, 2017	<b>Time:</b>	9:00 am – 11:30 am
<b>Age:</b>	Entering grades 3-8	<b>Cost:</b>	\$80/Player \$90 after June 1, 2017
<b>Included:</b>	Camp T-shirt	<b>Check In:</b>	30 min prior to camp
<b>Camp Staff:</b>	UW-L Coaching Staff UW-L Collegiate Athletes  Athletic Trainer on duty	<b>Location:</b>	Mitchell Hall Gyms

*Offensive and defensive skill sessions*  
*Team development*  
*5 on 5 league play, 3 on 3 league play*  
*Campers grouped by age/ability*  
*Self-improvement plans*  
*Contests and awards*

Visit [uwlcamps.com](http://uwlcamps.com) for online registration, printable registration, and more information!

# 2017 SUMMER JUNIOR EAGLES BOYS BASKETBALL CAMP

## Registration Form



**Dates:** June 26-29, 2017  
**Times:** 9:00 am – 11:30 am  
**Ages:** Entering Grades 3-8  
**Cost:** \$80 per player, \$90 after June 1, 2017

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

Participant's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade (fall 2016): \_\_\_\_\_ Age: \_\_\_\_\_ T Shirt Size: YS YM YL YXL S M L XL

Second Participant's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade (fall 2016): \_\_\_\_\_ Age: \_\_\_\_\_ T Shirt Size: YS YM YL YXL S M L XL

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate 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  
110 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](http://uwlcamps.com) for online registration and more information!