



**JUNE 25-28, 2018**

**MORNING SESSION: 9AM-12PM, \$80**

**FULL DAY: 9AM-4PM, \$160 (CAMPER MUST BRING LUNCH)**

# **UWL MEN'S BASKETBALL YOUTH CAMP**

## **Camp Description:**

This camp will stress the importance of fundamentals in the game of basketball such as proper footwork, ball handling, passing, and shooting. Our camp coaches will demonstrate and instruct simple but effective drills to improve these areas, along with competitive play throughout for campers to hone their skills in a game like setting.

**Grades 3<sup>rd</sup> – 8<sup>th</sup>**

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**Footwork, Skill  
Development,  
Shooting, Team  
Play, and Much  
More**

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**Includes Camp**

**T-Shirt**

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**Check In: 8:15 AM**

**Location: Mitchell  
Hall**

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## **MITCHELL HALL**

1820 Pine St, La Crosse, WI

Contact: Kent Dernbach  
kdernbach@uwlax.edu

Register at:

<http://www.uwlcamps.com/>



# 2018 Men's Basketball Youth Camp

June 22-25, 2018

## Registration Form

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

Participants Full Name: \_\_\_\_\_

Grade (fall of 2018): \_\_\_\_\_

T-Shirt Size (circle):    YS   YM   YL   YXL   S   M   L   XL

Please circle which applies:

Morning Session (\$80)  
9AM-12PM

Full Day (\$160)  
9AM-4PM

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

Grade (fall of 2018): \_\_\_\_\_

T-Shirt Size (circle):    YS   YM   YL   YXL   S   M   L   XL

Please circle which applies:

Morning Session (\$80)  
9AM-12PM

Full Day (\$160)  
9AM-4PM

ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

EMAIL (necessary for confirmation & camp communication): \_\_\_\_\_

SPECIAL ACCOMODATIONS 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/GARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_