

2015 HIGH SCHOOL GIRLS SOCCER PRESEASON CAMP

March 16-19, 2015

4:30-6:30 PM

\$60

\$45 per athlete for 10 or more from the same high school



Registration Form

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

Participant's Full Name: _____

Date of Birth: _____ Grade: _____ Age: _____ High School: _____

Second Participant's Full Name: _____

Date of Birth: _____ Grade: _____ Age: _____ High School: _____

Address: _____

City/State/Zip: _____

Emergency Contact Name: _____

Emergency Phone : _____ Emergency 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
132 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: _____