



# UW-LA CROSSE WRESTLING

## 2018 ELITE CAMP

The High School Elite Camp is a 1-day camp designed to educate and prepare rising freshman, sophomores, juniors, and seniors who are looking to compete at the collegiate level. Participants should be high school and who are looking to wrestle in college. The camp will introduce the participants to collegiate drilling and training, while off-field activities will prepare the participants for the recruiting and admission processes. The camp will include five hours of instruction, a campus tour, and a question and answer session where current staff and wrestlers will answer questions about college recruiting to prepare participants for their own college exploration.

**WHO:** Entering Grades 9-12

**WHEN:** Saturday April 14th, 2018

**COST:** \$100

**WHERE:** UWL Wrestling Facility on UWL's Campus

**SCHEDULE:**

- 8:00am-8:30am - Check-In
- 8:30 am - 10:30 am - 1st Session: Technique w/ some live
- 10:30am-11:00 am - Shower/Cleanup
- 11:00am-12:30pm - Lunch/Tour of UWL Campus
- 12:30pm - 3:00pm - Technique w/ matches at end

**REGISTRATION:** Please register in advance at: [www.uwlcamps.com](http://www.uwlcamps.com)  
OR  
By filling out the registration form and sending it in.

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

# 2018 Elite Wrestling Camp

April 14, 2018



## 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: \_\_\_\_\_ Weight: \_\_\_\_\_ T-Shirt Size: YS YM YL YXL S M L XL XXL

Roommate Preference (Resident Campers Only): \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ T-Shirt Size: YS YM YL YXL S M L XL XXL

Roommate Preference (Resident Campers Only): \_\_\_\_\_

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*  
*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: \_\_\_\_\_

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