



UW-LA CROSSE WRESTLING



2018 EXCELLENCE CAMP



The UW-La Crosse Wrestling Program would like to invite athletes to join our coaching staff and college wrestlers to attend one of our camps designed to enhance your skills on the mat. These camps are open to all wrestlers, and all skill levels. Camp staff will work with you to grow your skills and make you the best wrestler you can be!

WHO: Entering Grades 7-12

WHEN: June 20-23, 2018

COST: \$300 Resident
 \$200 Commuter
If paying full amount prior to June 1, deduct \$25 for early registration
Minimum of \$50 deposit must accompany registration

WHERE: All camps are hosted on UWL campus. Wrestling will take place in the UW-La Crosse wrestling facility.

INCLUDED: Camp T-shirt, All meals for Resident Campers, Meals between sessions for Commuters

WHAT TO BRING: Pillow, sheets, blanket. Multiple sets of wrestling workout clothes. Wrestling shoes.

CAMP STAFF: All camps will be staffed by our UWL College Coaches, and UWL Wrestling Athletes. Guest Clinicians to be announced later date.

REGISTRATION: Please register in advance at: www.uwlcamps.com
 OR
 By filling out the registration form and sending it in.

Visit uwlcamps.com for online registration, printable registration, and more information!

2018 EXCELLENCE WRESTLING CAMPS
June 20-23, 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): _____

Check Camp Attending:

____ Elite Camp

____ Big Man Camp

Cost: \$300 Resident
\$200 Commuter

Cost: \$300 Resident
\$200 Commuter

Age: Entering Grades 7-12

Age: Entering grades 9-12
*weight 171 and up

Minimum \$50 deposit must accompany registration. If paying full amount and prior to June 1, deduct \$25 from total registration fee.

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 for online registration and more information!