

# 2015 TRACK & FIELD CLINIC 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: \_\_\_\_\_ Gender: \_\_\_\_\_ T-Shirt Size (adult size): S M L XL XXL

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

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ T-Shirt Size (adult size): S M L XL XXL

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

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

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

Emergency Phone: \_\_\_\_\_ Emergency Alternate Phone: \_\_\_\_\_

Email (necessary for confirmation and camp communication):  
\_\_\_\_\_

Special needs for participant(s): \_\_\_\_\_

Camp Sessions Attending (Check all that apply):

<input type="checkbox"/> <b>Track &amp; Field*</b>	<input type="checkbox"/> <b>Pole Vault</b>	<input type="checkbox"/> <b>Elite Track &amp; Field*</b>
Sunday, March 1	Sunday, March 8	Sunday, March 29
\$50 before Feb. 20	\$50 before Feb. 27	\$100 before March 20
\$75 after Feb. 20	\$75 after Feb. 27	\$125 between March 21-28
<small>*No Pole Vault Available</small>		Registration NOT available day of clinic

\* I wish to participate in:

<input type="checkbox"/> High Jump	<input type="checkbox"/> Shot Put	<input type="checkbox"/> Hurdles
<input type="checkbox"/> Long Jump	<input type="checkbox"/> Discus	<input type="checkbox"/> Pole Vault
<input type="checkbox"/> Triple Jump	<input type="checkbox"/> Sprints	(available at Elite Clinic only)

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: \_\_\_\_\_