



The UW-La Crosse Baseball Program would like to invite current high school players to join our coaching staff and players in a one-day camp designed to test and enhance your skills in preparation for a potential future in college baseball. This camp is for high school players who have a desire to play college baseball, wish to learn what college coaches look for, test measurable skills, be put through college drills, and prepare for a future in baseball.

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



2018 Elite Skills Baseball Camp

UW-La Crosse Baseball

Date: March 4, 2018

Times: 12:00-5:00pm (position players)
2:30-5:00pm (pitchers)

Grades: High School (grades 9-12)

Costs: \$100 position players
\$100 pitcher only
\$150 registering as both pitcher & position player

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

Player Name _____ High School _____

Address _____ City _____ State _____ Zip _____

Player phone _____ Player Email _____ HS Graduation Yr. _____

Parent/Guardian (emergency contact) _____ Parent/Guardian Phone _____

Height _____ Weight _____ T-Shirt Size (circle): S M L XL

Registering as (circle one):

Pitcher Only \$100	Position Player Only \$100	Pitcher & Position Player \$150
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Please circle positions:

RHP	LHP	C	OF	IF	Circle one of each to left
					<i>Only circle one</i>

Amount Enclosed: \$ _____

Check enclosed, made payable to: **UW-La Crosse**
Return to:
UW-La Crosse Athletic Camps & Clinics
25A Mitchell Hall
1725 State St.
La Crosse, WI 54601

If you have any questions, please contact Head Coach Chris Schwarz by e-mail at: cschwarz@uwlax.edu

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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