



UW-La Crosse Baseball Winter Academy



Please join us for our winter academy of camps designed to continue skill progression through instruction and interaction with our UWL Baseball Coaches and Players. All camps are held in our Mitchell Hall fieldhouse. Please direct any questions to Assistant Baseball Coach Seth Feldman at sfeldman@uwlax.edu

<p>Hitting Camp 1 Grades 5-12 <i>*Grouped by age & skill</i></p> <p>Sundays Oct 21, 28, Nov 4, 11 4:45pm – 6:15pm \$75</p>	<p>Pitching & Catching Camp 1 Grades 5-12 <i>*Grouped by age & skill</i></p> <p>Sundays Oct 21, 28, Nov 4, 11 6:30pm – 7:30pm \$65</p>	<p>K-4 Academy 1 Grades K-4 <i>*Grouped by age</i></p> <p>Sundays Oct 21, 28, Nov 4, 11 3:00pm – 4:30pm \$55</p>
<p>Hitting Camp 2 Grades 5-12 <i>*Grouped by age & skill</i></p> <p>Sundays Nov 25, Dec 2, 9, 16 4:45pm – 6:15pm \$75</p>	<p>Defensive Specialty Camp Grades 5-12 <i>*Grouped by position – Infield, Outfield, Catcher</i></p> <p>Sundays Nov 25, Dec 2, 9, 16 6:30pm – 7:30pm \$65</p>	<p>K-4 Academy 2 Grades K-4 <i>*Grouped by age</i></p> <p>Sundays Nov 25, Dec 2, 9, 16 3:00pm – 4:30pm \$55</p>
<p>Hitting Camp 3 Grades 5-12 <i>*Grouped by age & skill</i></p> <p>Sundays Jan 6, 13, 20, 27 4:45pm – 6:15pm \$75</p>	<p>Pitching & Catching Camp 2 Grades 5-12 <i>*Grouped by age & skill</i></p> <p>Sundays Jan 6, 13, 20, 27 6:30pm – 7:30pm \$65</p>	

To Register go to: www.baseball.uwlcamps.com

OR

Fill out the printable registration form and either mail in or drop off

Family Discounts: 2 siblings take 10% off total – 3 siblings take 20% off total

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



UW-La Crosse Baseball

Winter Academy



REGISTRATION FORM

Please complete one form for each camper

Camper's Name _____ Grade _____ School _____

Address _____ City _____ State _____ Zip _____

Emergency Contact _____ Emergency Contact Phone _____

Primary Email Address *(necessary for confirmation & communication)* _____

Camp(s) Registering for *(please check all that apply for this camper):*

- | | | |
|--|---|--|
| <input type="checkbox"/> Winter Hitting 1 (\$75)
Oct 21, 28, Nov 4, 11
4:45-6:15pm | <input type="checkbox"/> Winter Hitting 2 (\$75)
Nov 25, Dec 2, 9, 16
4:45-6:15pm | <input type="checkbox"/> Winter Hitting 3 (\$75)
Jan 6, 13, 20, 27
4:45-6:15pm |
| <input type="checkbox"/> Pitching & Catching 1 (\$65)
Oct 21, 28, Nov 4, 11
6:30-7:30pm | <input type="checkbox"/> Defensive Specialties (\$65)
Nov 25, Dec 2, 9, 16
6:30-7:30pm | <input type="checkbox"/> Pitching & Catching 2 (\$65)
Jan 6, 13, 20, 27
6:30-7:30pm |
| <input type="checkbox"/> K-4 Academy 1 (\$55)
Oct 21, 28, Nov 4, 11
3:00-4:30pm | <input type="checkbox"/> K-4 Academy 2 (\$55)
Nov 25, Dec 2, 9, 16
3:00-4:30pm | |

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

Total Enclosed: \$ _____

If you have any questions, please contact Assistant Coach Seth Feldman by e-mail at: sfeldman@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: _____

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