



# UW-La Crosse Baseball

## K-4 Academy



Our K-4 Academy is back for the second year! We are growing the success of our fall leagues into the younger group with skill development on Saturday mornings throughout the fall. The quality of the attention each player receives is top notch, and directly comes from the interaction with our UWL players, directed by our UWL Coaching Staff. These sessions will focus on the two main areas of need for this age group: skill development & game play.

<b>What:</b>	UWL Baseball K-4 Academy
<b>Who:</b>	Boys & Girls in grades K-4
<b>Dates &amp; Times:</b>	Saturday mornings Sept 14, 21, 28 9:00 – 10:30am
<b>Where:</b>	UWL Campus Field 855 East Ave. North La Crosse, WI 54601
<b>Cost:</b>	\$45
<b>Family Discounts:</b>	2 siblings – 10% off total registration 3 siblings – 20% off total registration
<b>Included:</b>	T-shirt
<b>What to Bring:</b>	Glove, hat, cleats, water bottle
<b>Registration:</b>	<a href="http://www.baseball.uwlcamps.com">www.baseball.uwlcamps.com</a>

OR

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

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



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## K-4 Academy

September 14, 21, 28

### REGISTRATION FORM

First Player's Name \_\_\_\_\_ Grade \_\_\_\_\_ T-Shirt size (circle): YS YM YL YXL S M L XL

Second Player's Name \_\_\_\_\_ Grade \_\_\_\_\_ T-Shirt size (circle): YS YM YL YXL S M L XL

Third Player's Name \_\_\_\_\_ Grade \_\_\_\_\_ T-Shirt size (circle): YS YM YL YXL S M L XL

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Primary Email Address (necessary for confirmation & communication) \_\_\_\_\_

Secondary Email Address \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

Check enclosed, made payable to: **UW-La Crosse**

Return to:  
**UW-La Crosse Athletic Camps & Clinics**  
157 Mitchell Hall  
1725 State St.  
La Crosse, WI 54601

If you have any questions, please contact the UWL Camps & Clinics Office by e-mail at: [athleticcamps@uwlax.edu](mailto:athleticcamps@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 [uwlacamps.com](http://uwlacamps.com) for online registration, printable registration, and more information!