

# Registration

*Please Print*

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_

Parent's cell phone (\_\_\_\_\_) \_\_\_\_\_

Parent's name \_\_\_\_\_

Camper's e-mail \_\_\_\_\_

Grade (fall 2010) \_\_\_\_\_ Age \_\_\_\_\_ Sex: M  F

School \_\_\_\_\_

Roommate preference \_\_\_\_\_

T-shirt size: YL  S  M  L  XL

July 19–24, 2010       July 26–31, 2010

## **TUITION OPTIONS** (please check one):

- \$465** Resident Camper
- \$425** Returning Resident Camper
- \$425** Group (5 or more from same school)
- \$250** Day Camper

A deposit of \$250 must accompany this application. No refunds issued later than seven days prior to the start of camps. **Checks payable to UW Athletic Department and mail to: Business Office, Camp of Champions, University of Wisconsin, 1440 Monroe Street, Madison, WI 53711.** Questions? Call 608-262-4397 (days) or 608-271-7998 (evenings).

## **Liability Waiver**

In consideration of my child's participation in the Camp, I hereby release the University of Wisconsin System Board of Regents, its officers, employees, and agents from any and all liability arising out of any injury or illness my child incurs while participating in camp activities. I understand the rigorous athletic activity in which he/she will be involved. I understand that participation is voluntary and I choose freely to have my child participate.

## **Health Insurance**

Campers are encouraged to have their own health insurance as limited accident insurance is provided by the UW. I understand that the camp provides limited accident insurance, which is primary on the first \$1,000 and excess up to \$7,500.

## **Health Information**

By applying for this camp I agree to complete and return to the Sports Medicine Department the confidential Consent for Medical Administration and Medical Treatment Form and Health History Questionnaire. I understand these forms need to be completed and on file prior to my child's participation in the camp activities. (These forms are on the UW Camps.com Web page and will be mailed to all parents/guardians when applications are received.)

## **Photographs and Videos**

By applying for this camp I understand UW–Madison may take photographs and or videos of camp participants and activities. I agree that the UW shall be the owner of and may use such photographs and videos relating to the promotion of future camps. I relinquish all rights that I may claim in relation to the use of said photographs and videos.

\_\_\_\_\_  
Parent or guardian signature