University of Illinois Wheelchair Sports Camp Application

T-shirt size (Adult sizes): S M L XL XXL  Athlete’s Name

Parent/Guardian Name

Home Phone  Cell Phone

Address

City  State  Zip

Date of Birth  Gender  Most recent grade completed

Disability and level of injury (no abbreviations please)

Email address _______________________________________

Please check the camp (s) you wish to attend:

___ Illinois Track Camp June 20-24th ($400)

___ Track Camp Observing Coach ($250)

___ Individual Skills Camp June 28-July 2 ($400)

___ Individual Skills Camp Coaches Clinic ($365)

___ Illini Premier Camp July 5-9 ($500)

___ Illini Premier Camp Coaches Clinic ($365)

Deadline to register is Friday, May 19th, 2017

Signature of Athlete If under 18, signature of parent/guardian

I have read and hereby accept the conditions described in this brochure. I also understand Illinois Summer Camps retains the rights to use photographs of athletes taken at camp for publicity and advertising purposes.

Make check payable to: University of Illinois For more information please phone: 217-244-6083 Email: sportscamp@illinois.edu

Mail to: University of Illinois Summer Camp 1207 South Oak St. Champaign, IL 61820

NOTE: Your camp registration is NOT complete until the medical history and medical release/transportation forms are completed and received at our office.