

University of Illinois Wheelchair Sports Camp Application

T-shirt size (Adult sizes): S M L XL XXL

Athlete's Name _____

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

Parent/Guardian Name _____

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

Home Phone _____ Cell Phone _____

Track Camp Observing Coach (\$250)

Address _____

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

City _____ State _____ Zip _____

Individual Skills Camp Coaches Clinic (\$365)

Date of Birth _____ Gender _____ Most recent grade completed _____

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

Disability and level of injury (no abbreviations please) _____

Illini Premier Camp Coaches Clinic (\$365)

Deadline to register is Friday, May 19th, 2017

Email address _____

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.