



**UNIVERSITY OF WISCONSIN-LA CROSSE - OFFICE OF RESIDENCE LIFE
WIAA HOUSING EMERGENCY CONTACT/AGREEMENT**



SCHOOL NAME: _____

I accept responsibility for the contents of the room assigned. I agree to pay all charges for anything found missing or damaged at the time of check-out. I also accept responsibility for my room key. If key is lost, I agree to pay the replacement fee at time of check-out. It is the responsibility of the team Coach(es) to supervise student athletes at all times during their stay in the University of Wisconsin-La Crosse residence halls and to ensure that they follow all WIAA Track Meet housing policies and procedures.

NAME LAST/FIRST/MI (PRINTED LEGIBLY)

EMERGENCY CONTACT

PHONE #

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