UWL Residence Life

WIAA Housing Emergency Contact and Agreement

School Name: _____

I accept responsibility for the contents of the rooms assigned. I agree to pay all charges for anything found missing or damaged at the time of checkout. I also accept responsibility for my team's room keys. If a key is lost, I agree to pay the replacement fee at time of checkout.

I understand that 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.

Printed Name: _____ **Signature:** _____ **Date:** _____

Coaches:

Coach Name	Phone Number	Coach Name	Phone Number

Athletes:

Athlete Name	Athlete Emergency Contact Name	Emergency Contact Phone Number