



UWL Golf Spring Rust Shaker Camp

March 18-March 21 (Monday – Thursday)

The Spring Rust Shaker Camp is designed for individuals who are on their High School Boys or Girls Golf Teams or Advanced Middle School Players who are looking to get ready for their upcoming seasons. Each session will be conducted indoors and consist of stations centered around the full swing, chipping/pitching and putting similar to what the UWL Women's Golf Team does in their indoor practice sessions. Groups of players from the same school are encouraged to register for the same time slot. Participants will be using equipment that gives them feedback about their ball-striking performance. In addition there will be contests and challenges to make the practice sessions more meaningful.

Cost: \$50 Per Player (Includes T-Shirt)

Registration Form

Please print clearly. We cannot process incomplete registrations. All information requested must be provided.

Participant's Full Name: _____ Age: _____ T-Shirt Size: S M L XL XXL

Preferred evening session – 4:00-5:00, 5:00-6:00, 6:00-7:00 or 7:00-8:00 (Maximum of 10 players per session)

High School _____ Grad Year _____ Coach's Name _____

Second Participant's Full Name: _____ Age: _____ T-Shirt Size: S M L XL XXL

Preferred evening session – 4:00-5:00, 5:00-6:00, 6:00-7:00 or 7:00-8:00 (Maximum of 10 players per session)

High School _____ Grad Year _____ Coach's Name _____

Address: _____

City/State/Zip: _____

Emergency Contact Name: _____

Emergency Phone : _____ Emergency Alternate Phone: _____

Email (*necessary for confirmation and camp communication*): _____

Special needs for participant(s): _____

Amount Enclosed: \$ _____

Check enclosed, made payable to: *UW-La Crosse*

Return form to:
*UW-La Crosse Athletic Camps & Clinics
25A Mitchell Hall
1725 State St.
La Crosse, WI 54601*

WAIVER: Registration implies permission for photos, publicity and inclusion in a participant list unless camp director is notified in writing prior to camp. By signing this form I agree to hold harmless and indemnify UW-La Crosse, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my dependent in the course of the camp. I authorize that any medical, surgical, diagnostic and hospital procedures may be performed by a physician on my dependent if I cannot be reached in the event of an emergency.

Parent/Guardian Signature: _____ Date: _____

Visit uwlcamps.com for online registration and more information!