

## 2011 John Means Junior Golf Camp

Enrollment is confirmed on a first come/first serve basis. Enroll now to reserve your space.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Level of Skill \_\_\_\_\_ 18 or 9 Hole Average \_\_\_\_\_

Roommate Request \_\_\_\_\_

T-SHIRT SIZE (circle one): S M L XL (adult sizes)

**Please enroll me in (check all that apply):**

**Session I - June 12-16 – White Eagle Course**

- RESIDENT CAMPER  
     \$300 camper deposit  
     Full payment, \$645
- COMMUTER CAMPER  
     \$300 camper deposit  
     Full payment, \$545

**Session II – June 19-23 – Wild Ridge Course**

- RESIDENT CAMPER  
     \$300 camper deposit  
     Full payment, \$645
- COMMUTER CAMPER  
     \$300 camper deposit  
     Full payment, \$545

**Session I – June 12-16 Advanced**

- RESIDENT CAMPER  
     \$300 camper deposit  
     Full payment, \$745

**Session II – June 19-23 Advanced**

- RESIDENTIAL CAMPER  
     \$300 camper deposit  
     Full payment, \$745

### Parent's Release and Indemnity Agreement

We (or I) request that you accept the application for enrollment of \_\_\_\_\_ in the John Means Golf Junior Camp during the dates set forth in this application, and in consideration of your acceptance of the application, we will (or I) (whether one or more) hereby release the Board of Regents of the University of Wisconsin-Eau Claire, and all of its employees for all claims on account of any injuries which may be sustained by our (or my) son/daughter while attending the Minnesota Golf Junior Camp, and we (or I) agree to indemnify the Board of Regents of the University of Wisconsin-Eau Claire, and all of its employees for any claim which may hereafter be presented by our (or my) son/daughter as a result of any such injuries. If medical attention is required for injury or illness while in the camp, I give my permission for such medical care. We (or I) also grant permission for the Junior Golf Camp to use photographs of our son/daughter for publicity, advertising, or other commercial purposes.

Signed (Parent) \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

### TO JOHN MEANS JUNIOR GOLF CAMP - MEDICAL CERTIFICATION

I hereby certify that \_\_\_\_\_ is physically fit to participate in an active golf camp and that I know of no physical impairments which would in any manner limit his/her participation in such program.

M.D. \_\_\_\_\_ Date \_\_\_\_\_

•Applications will not be accepted without a doctor's signature! •

Mail form and payment to: John Means Golf Instructional Camp • P.O. Box 25254 • Woodbury, MN 55125

Any questions, call John Means (612) 382-7820