

# 2017 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 18-22 – White Eagle Golf Course, WI**

RESIDENT CAMPER  
 Full payment, \$595

COMMUTER CAMPER  
 Full payment, \$500

ADVANCED RESIDENTIAL CAMPER  
 Full payment, \$700

**Session II – Date TBA – HERITAGE LINKS**

COMMUTER CAMPER  
 Full payment, \$495

ADVANCED COMMUTER CAMPER  
 Full payment, \$695

**WINTER JUNIOR TRAINING – THE CAGES**

**Session I (12 Classes) – Sundays 6:00 PM – 7:30 PM \_\_\_\_\_ \$375.00**

**Session 2 (13 Classes) – Mondays 4:30 PM – 6:00 PM \_\_\_\_\_ \$400.00**

**Session 3 (12 Classes) – Wednesdays 4:30 PM – 6:00 PM \_\_\_\_\_ \$400.00**

**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 or COPY OF HIGH SCHOOL PHYSICAL**

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 151 • Hudson, WI 54016  
Any questions, call John Means (612) 382-7820