



University of Wisconsin-La Crosse

Athletic Camps & Clinics
25 Mitchell Hall
1725 State St.
La Crosse, WI 54601

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University of Wisconsin-La Crosse Junior Eagle Gymnastics Program 2009



Summer 2009

Session 1: June 8 - July 2

Session 2: July 6 - July 30

Parent Comments:

"We enjoy the excellent instructor to student ratio and the quality of instruction is outstanding."

"The curriculum is well planned and the instructors are always very positive with the children."

"Thank you for a job well done. I've enjoyed watching my child's fitness and self-confidence grow."

UW-LA CROSSE
JUNIOR EAGLE GYMNASTICS
SUMMER 2009



Wittich Hall

Dear Parents and Students:

The UW-La Crosse Junior Eagle Developmental Gymnastics Program is looking forward to providing your child with the best possible gymnastics experience in a fun, safe, and progressive environment. Gymnastics will be provided on Vault, Bars, Beam, Floor, Trampoline, and Dance. We follow the USAG levels within the structure of classes and will be evaluating all students during their first class.

Summer Session 1 of Junior Eagle Gymnastics will begin on June 8 and end on July 2. Summer Session 2 will begin on July 6 and end on July 30. All students who wish to enroll must complete the registration form and return it with payment in full one week prior to the start of classes.

All classes will be held at Wittich Hall on the UW-La Crosse campus. All classes will be limited to insure an low instructor to student ratio. Registration deadline is one week prior to the start of classes. Full payment should accompany all registrations.

If you have any questions concerning registration procedures, contact the Athletic Camps & Clinics Office at 608-785-6544. If you have questions pertaining to the appropriate class level for a student, contact the Junior Eagle Office at 785-6517. For directions to Wittich Hall, general information, or to register online, please visit our website at

www.uwlcamps.com

Barbara Gibson

UW-L Gymnastics Coach



Wittich Hall

UW-L Junior Eagle Gymnastics Summer 2009 Schedule and Fees

Jr. Eagle Gymnastics Summer Session 1 (June 8 - July 2, 2009)

Class #	Class Description	Day(s)	Time	Session Fee
1	Preschool	M & W	4:00-5:00 p.m.	\$75
2	Beginner	M & W	4:00-5:00 p.m.	\$75
3	Intermediate	M & W	5:00-6:00 p.m.	\$75
4	Pre-Competitive	T & TH	4:00-6:00 p.m.	\$115
5	Team/Tops	M/W/TH	6:00-8:00 p.m.	\$115 for 2 days \$165 for 3 days
6	Pre-Team	T & TH	4:00-6:00 p.m.	\$115
7	High School	T & TH	6:00-8:00 p.m.	\$115

Jr. Eagle Gymnastics Summer Session 2 (July 6 - July 30, 2009)

Class #	Class Description	Day(s)	Time	Session Fee
8	Preschool	M & W	4:00-5:00 p.m.	\$75
9	Beginner	M & W	4:00-5:00 p.m.	\$75
10	Intermediate	M & W	5:00-6:00 p.m.	\$75
11	Pre-Competitive	T & TH	4:00-6:00 p.m.	\$115
12	Team/Tops	M/W/TH	6:00-8:00 p.m.	\$115 for 2 days \$165 for 3 days
13	Pre-Team	T & TH	4:00-6:00 p.m.	\$115
14	High School	T & TH	6:00-8:00 p.m.	\$115

*Sorry, NO faculty or family discounts available for summer session.

The UW-L Jr. Eagle Gymnastics program is committed to ensuring a quality and safe experience for all participants. The benefits of the program include:

- Equipment that meets all USA Gymnastics Safety Standards
- USAG progressive levels of instruction
- Athletic Trainer on site at all times
- Dependable, experienced gymnasts as good role models for your son or daughter
- Low instructor to student ratio

UW-L Jr. Eagle Gymnastics
Summer 2009
Summer Session 1 (June 8 - July 2)
Summer Session 2 (July 6 - July 30)

Name _____

Address _____

City _____ State _____ Zip _____

Special medical conditions _____

Session # _____ Class # _____ Fee _____

Name of second child participating _____

Address (if different) _____

City _____ State _____ Zip _____

Special medical conditions _____

Session # _____ Class # _____ Fee _____

Full Payment Total \$ _____

Please make checks payable to UW-La Crosse and mail this form with payment to: UW-L Athletic Camps, 25 Mitchell Hall, La Crosse, WI 54601 or register online at www.uwlcamps.com

Emergency contact _____ Relationship to camper _____

Emergency Phone # _____ Alternate Phone # _____

Email Address _____

Special Medical Needs _____

In case of emergency, please transport my child to _____

Hospital/Medical Center. _____

Registration implies permission for photos, publicity and inclusion in a participant list unless camp director is notified in writing prior to camp. All camp participants are covered by UW system limited insurance for injury sustained during supervised camp activities. UW-La Crosse is not liable for medical expenses incurred that are not covered by this policy. 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 _____