

THE UWL JUNIOR EAGLE GYMNASTICS PROGRAM IS COMMITTED TO ENSURING A QUALITY AND SAFE EXPERIENCE FOR ALL PARTICIPANTS.

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 DAUGHTER
- INSTRUCTOR TO STUDENT RATIO OF 1:6
 OR FEWER

CLASS DRESS CODE:

LEOTARDS ARE THE PREFERRED DRESS FOR ALL PARTICIPANTS. IF NO LEOTARD IS AVAILABLE, TIGHT FITTING CLOTHES ARE NECESSARY. PHOTOS AND VIDEOGRAPHY ARE ONLY TO BE TAKEN ON THE FIRST AND LAST WEEK OF EACH SEMESTER SESSION.



DEAR PARENTS,

The UWL Junior Eagle Developmental Gymnastics Program is looking forward to providing children in the Coulee Region with the best gymnastics 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. Instructors in our program will primarily consist of UWL gymnasts who have been involved with the sport of gymnastics for 12 or more years. The Summer 2019 session of Junior Eagle Gymnastics runs from June 3-26 and July 8- August 2. All students who wish to enroll must complete the registration form and return with payment in full by June 1. We cannot process incomplete registration forms. All information requested must be provided. All students (returning and new) must also complete the emergency contact information. Late registration will only be allowed if the class is not full, and the instructor to student ratio is 1:6 or less. Class availability updates are posted at www.uwlcamps.com. Full payment should accompany all registrations. All classes will be held in our new facility in Cartwright Center on the UWL Campus this Fall Semester (campus map available at www. uwlax.edu/map). Classes will be limited in size to ensure a 1:6 instructor to student ratio. If you have any questions concerning registration procedures, contact the Camps & Clinics Office via email or visit the website at www.uwlcamps.com or by phone at 608.785.8193.

Kasey Crawford, UWL Head Women's Gymnastics Ali Berry, Jr Eagle Program Director

UWL JR EAGLES GYMNASTICS



JUNE 3-28 JULY 8-AUGUST 2

www.uwlcamps.com

SUMMER 2019 CAMP SERIES

Camp Information

CHECK OUT OUR NEW CLASSES!

MON/WED 5PM-7PM	PRICE
Level 2	\$130
Level 3	\$130

TUES/ THURS 5PM-7PM	PRICE
Team	\$130
High School	\$130

PRIVATE AND SEMI-PRIVATE:

Private and semi-private lessons will only be available as long as staff is available to teach. In addition, each student 11 and under must be signed up for a regular class in order to qualify for a private or semiprivate lesson. Email/call ahead to schedule private lessons.





MAKE-UP/REFUND POLICY

If a student misses class for any reason, they may make-up the class within three weeks of the absence by showing up for another section of their class. All participants must pay the entire class fee, there is no prorating of classes. Refunds will only be granted because of injury, with a written excuse by the student's doctor.

Contact us:

Email: athleticcamps@uwlax.edu Phone: 608.785.8193



REGISTRATION FORM

SUMMER 2019 JUNIOR EAGLE GYMNASTICS JUNE 3-28 & JULY 8-AUGUST 2

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

Second Participant's Full Name Class # DayCost \$ _ Date of Birth Address City/State/Zip Emergency Contact Name				
Date of Birth Second Participant's Full Name Class # DayCost \$ _ Date of Birth Address City/State/Zip Emergency Contact Name Emergency Phone Email (necessary for confirmation and camp communication) Special needs for participant(s) Amount Enclosed: \$	Participant's Full N	lame		
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Emergency Phone Email (necessary for confirmation and camp communication) Special needs for participant(s) Amount Enclosed: \$	City/State/Zip			
Email (necessary for confirmation and camp communication) Special needs for participant(s) Amount Enclosed: \$	Emergency Contac	ct Name		
Special needs for participant(s) Amount Enclosed: \$	Emergency Phone	9		
Amount Enclosed: \$	Email (necessary f	ior confirmation a	and camp con	nmunication)
	Special needs for	participant(s)		
Check enclosed, made navable to: UW-La Crosse	An	nount Enclosed:	\$	
Check checced, made payable to: Off Ea Crosse	Check end	losed, made pay	able 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.