



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 environment.

The Summer 2020 session of Junior Eagle Gymnastics runs from June 8- July 2 and July 6- July 30. We will also be offering Team and High School from August 3-27. Class availability updates are posted at [www.uwlcamps.com](http://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 Summer (campus map available at [www.uwlax.edu/map](http://www.uwlax.edu/map))

All students who wish to enroll must complete the registration form and return with payment in full by **June 5**. We cannot process incomplete registration forms. 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.

If you have any questions concerning registration procedures, contact the Camps & Clinics Office via email at [athleticcamps@uwlax.edu](mailto:athleticcamps@uwlax.edu) or visit the website at [www.uwlcamps.com](http://www.uwlcamps.com) or by phone at 608.785.8193.

Kasey Crawford, UWL Head Women' s Gymnastics  
 Robyn Magee, Jr Eagle Program Director

# UWL JR EAGLES GYMNASTICS SUMMER 2020



**JUNE 8 - JULY 2**  
**JULY 6 - JULY 30**  
**AUGUST 3 - AUGUST 27**

[www.uwlcamps.com](http://www.uwlcamps.com)



For more information visit [www.uwlcamps.com](http://www.uwlcamps.com)

# SUMMER 2020 CAMP SERIES

## Camp Information

### CHECK OUT OUR NEW CLASSES!

#### JUNE & JULY

##### MON/WED

		PRICE
Pre-School/Beginners	5:00-6:00PM	\$95
Level 2 & Level 3	6:00-8:00PM	\$130

##### TUES/ THURS

		PRICE
Intermediates	5:00-6:00PM	\$130
Team & High School	6:00-8:00PM	\$130

#### AUGUST SESSIONS

##### TUES/ THURS

		PRICE
Team & High School	6:00-8:00PM	\$130



#### 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 2020 JUNIOR EAGLE GYMNASTICS  
JUNE 8–JULY 2 & JULY 6–JULY 30  
AUGUST 3–AUGUST 27

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

Participant's Full Name \_\_\_\_\_  
Class # \_\_\_\_\_ Day \_\_\_\_\_ Cost \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_

Second Participant's Full Name \_\_\_\_\_  
Class # \_\_\_\_\_ Day \_\_\_\_\_ Cost \$ \_\_\_\_\_

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: \$ \_\_\_\_\_

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: \_\_\_\_\_