



2010 GIRLS GOLF CAMPS

Tuesday, June 22 - Thursday, June 24
(Session one)

Tuesday, July 20 - Thursday, July 22
(Session two)

at Beech Woods Golf Club in Southfield, MI

Join University of Detroit Mercy head women's golf coach *Terri Anthony-Ryan* and assistant coach *Kyle Stefan*

Full Swing ■ Short Game ■ Putting
Rules ■ Etiquette ■ Golf Each Day
Range Work ■ Contests ■ Games
Fun n Prizes ■ Awards ■ Equipment
"Tournament Thursday"

To Learn More:
womensgolf@udmercy.edu
(313) 575-4091

www.DetroitTitans.com
(See reverse for entry form and camp info)



Camp Entry Form

CONSENT FOR TREATMENT/WAIVER FORM

PRINT Participant's Name: _____
Health Insurance Information (If applicable): _____
Insurance Company: _____
Group Number: _____
Doctor/Clinic Name: _____
Doctor's Phone: _____
Current Medications/Medical Conditions: _____

Name _____
Address _____

Phone _____
E-Mail _____

Parents' Names _____
Parents' Phone _____
Parents' E-Mail _____

I would like to attend (Please check one):
____ Session 1 (June 22-24)
____ Session 2 (July 20-22)
____ Sessions 1 & 2

Please return camp entry form, along with waiver and a check made out to the University of Detroit Mercy to:
UDM Women's Golf
4001 W. McNichols
Detroit, MI 48221



Camp Information

Cost per session: \$225 by May 1
\$250 after May 1
Cost for both sessions: \$375 by May 1
\$400 after May 1

Camp Schedule (applies to both sessions):

Tuesday	8-9 a.m.	Registration/Check-In
	9-10	Meet the Coaches/ Introductions
	10-12 p.m.	Individual Swing Taping, Range Work
	12-12:30	Lunch
	12:30-3	Golf
Wednesday	9-10 a.m.	Clinic/Group Instruction
	10-12 p.m.	Driving, Pitching, Sand and Putting Stations
	12-12:30	Lunch
	12:30-3	Golf (Qualify for Tournament Flights A,B,C)
Thursday	9-10 a.m.	Bunker Clinic
	10-11	Guest Speaker
	11-12 p.m.	Range Work, Final Tapings and Lunch
	12-2:30	Golf
	2:30-3	Awards Ceremony

PERMISSION TO PARTICIPATE:
I, the parent/guardian, give my permission for the above mentioned student to participate in the University of Detroit Mercy SPORTS CAMP. I have read the attached brochure of camp activities in which the participant will engage.

CONSENT FOR TREATMENT:
I, _____, the parent/guardian of _____, a participant in the SPORTS CAMP, do hereby voluntarily and knowingly give my consent, in the event of illness or of injury to the above named participant, to administration of such treatments, including x-rays, tests, transfusions, injections or drugs, as may be considered necessary or desirable in the diagnosis and treatment of the participant by the physician in attendance.

RELEASE AND INDEMNITY AGREEMENT:
In consideration for the above named participant attending the SPORTS CAMP at the University of Detroit Mercy, I, the parent/guardian of the above named participant, hereby hold the Trustees, Officers, Agents and Employees of the University of Detroit Mercy (collectively "UDM") harmless from any and all claims and causes of action that I may have or acquire against them. I do further discharge UDM of any liability or costs concerning injury, illness, loss or damage sustained by the participant or the property of the participant, while in attendance at the SPORTS CAMP.

I HAVE READ AND AGREE TO ALL THE ABOVE LISTED STATEMENTS.

Parent/Guardian Signature: _____
Date: _____