



# Middle School Golf Camp

**For students entering grades 7-9 in the fall. Preference will be given to those students intending to play golf at the high school level at Appleton West.**

**Where:** Chaska Golf Course transportation is not available

**When:** June 12-15, 20-22, 26-29 from 12:30-2:30pm (drop off at 12:20, pick up at 2:35)

**Class Information:** A summer school class designed for male and female students who are looking to sharpen their individual skills for playing golf at the high school level. The golfers should have had some golfing experience but it is not necessary, and want to get some valuable practice time in the summer. Each student is required to supply their own golfing equipment such as golf clubs, balls, tees, shoes, etc.

**Tentative Weekly Outline:**

Monday-Golf Fitness/Stretching and Putting techniques and Full Swing on Practice Range

Tuesday-Chipping, Pitching, and Bunker Play and Full Swing on Practice Range

Wednesday- Review of all above/Full Swing on Range

Thursday- Play 9 holes supervised by the instructor in foursomes

**Cost:** \$85 dollars due prior to the first day of class. Checks made payable to AASD. Funds may be available for those in need, please ask.

**Adverse Weather (Lightening) Conditions:** Golf is an outdoor sport so we play in light rain conditions. We move inside when it is pouring and or lightning is present in the area. The class could be canceled for the day and/or held indoors in a classroom using videos and discussion.

Student Name \_\_\_\_\_ Gender \_\_\_\_M\_\_\_\_F Date Of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

My child is currently attending \_\_\_\_\_ school. Grade next Fall \_\_\_\_\_

**In case of absence or emergency, the number to call *first* to contact a legal guardian between 12:30pm-2:30pm is: \_\_\_\_\_.**

Parent/Guardian Name \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Does this student have an IEP, Building Intervention Plan, or 504 Plan? \_\_\_\_Yes \_\_\_\_

Special Health Concerns/Medical Diagnoses: \_\_\_\_\_

**I hereby authorize summer school personnel to obtain emergency medical care for my child if needed.**

**Parent/Guardian** \_\_\_\_\_

Please return your registration form and fee to the Shayne Porter at Wilson Middle School.

Don't delay – classes fill quickly! Any Questions? Email [portershayne@asdsd.k12.wi.us](mailto:portershayne@asdsd.k12.wi.us)