

## GATOR WINTER GOLF ACADEMY APPLICATION

Camper's Name \_\_\_\_\_

Street Address (Please Note: All correspondence will be sent to the above address.) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Name \_\_\_\_\_

Emergency Number ( \_\_\_\_\_ ) \_\_\_\_\_

Check One:  Male  Female Average 18 Hole Score: \_\_\_\_\_

Current School Grade: \_\_\_\_\_ Age: \_\_\_\_\_

T-shirt Size: Men's  S  M  L  XL

Day Camper  Overnight Camper

Roommate Preference: \_\_\_\_\_

**Make Check Payable to: UAA/Gator Winter Golf Academy  
PO Box 14485 • Gainesville, FL 32604-2485**

**If paying by credit card or eCheck, please visit our academy  
web page : [www.gatorzone.com/camps](http://www.gatorzone.com/camps) to register online.**

Amount enclosed \$ \_\_\_\_\_ (After December 1 - Full Amount Due)  
*Withdrawal after December 1st will result in forfeiture of \$200 deposit  
unless otherwise specified by Camp Director.*

How did you hear about the Gator Winter Golf Academy? \_\_\_\_\_  
Please include a copy of both sides of your child's medical insurance card.

### PHYSICIAN'S STATEMENT

I hereby certify that \_\_\_\_\_ has no restrictions which would prevent him/her from active and full participation in any and all activities related to the Camp.

Doctor Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Known allergies \_\_\_\_\_

Medication participant will bring to Camp, if any: \_\_\_\_\_

COPY OF PHYSICAL (DATED WITHIN ONE YEAR PRIOR TO START DATE OF CAMP) ACCEPTABLE IN LIEU OF PHYSICIAN'S SIGNATURE.

## Academy Overview

- The Gator Winter Golf Academy is designed to develop players in a great learning environment.
- 8:1 (or less) student to teacher ratio
- Work with same instructor all week which allows the camper to have consistent communication with their designated coach.
- V1 Golf Swing Analysis – Each camper will received a personalized swing video at the end of the camp which reviews the specific golf instruction they received from their coach.
- Nightly Seminars including: NCAA Rules/Collegiate Golf, Nutrition, Golf Psychology, Rules of Golf
- Titleist Performance Institute Fitness Screening – This screening identifies weaknesses and specific exercises to help improve body mobility and stability, producing a more efficient and powerful swing.
- On-Course experience where the camper is taught course management skills and swing technique.
- Instruction that focuses on the long-term development in all facets of the game.
- Exposure to the University of Florida golf teams, the beautiful UF campus, and the coaching staff.

## Typical Academy Day

7:30am – Wake up Call

8:00am- Breakfast

8:30am-Transport to Golf Course

8:50-9:50am – Session I (instructional)

10:00-11am – Session II (instructional)

11:10-12:00-Session III (instructional)

12-1:00pm-Lunch (at the Golf Course)

1:00-1:30- Clinic

1:30-2:30-Session IV

2:40-3:40-Session V

3:50-4:50-Session VI

5:00- Dinner

6:30- Seminar

7:30 - Free time (Supervised)

*All times and activities are subject to change.*

## Academy Coaches

The University of Florida Gator golf coaches will conduct the entire academy. Coaches combined have over 30 years of golf coaching experience along with outstanding collegiate, amateur and professional careers.



# GATOR WINTER 2011 GOLF ACADEMY



## DECEMBER 18 - 21

## Boys and Girls Ages 11 - 18

## ACADEMY INSTRUCTORS



**JAN DOWLING**  
**WOMEN'S GOLF COACH**  
**UNIVERSITY OF FLORIDA**

**Career Highlights**

- PGA of America Professional Apprentice
- 2008-2009 Assistant Women's Golf Coach for Duke University.
- 2006-2008 Assistant Men's and Women's Golf Coach for Kent State University.
- 2003-2005 competed on the Futures Golf Tour and BMO Canadian Women's Tour with six top-10 finishes.
- Member of Women's Golf Team for Kent State University.

This is Jan's second year as Head Coach for the Gators.



**EMILY BASTEL**  
**ASSISTANT WOMEN'S GOLF COACH**  
**UNIVERSITY OF FLORIDA**

**Career Highlights**

- Played on the LPGA Tour 2005, 2006, 2008
- Played on the Futures Tour 2004, 2007, 2009
- 2009-2010 Assistant Coach for Duke University
- 2002-2003 Assistant Coach for Michigan State University
- Played collegiate golf at Michigan State University 1999-2002

• Three-time Ohio State Women's Amateur Champion  
This is Emily's first year as Assistant Coach for the Gators.



**BUDDY ALEXANDER**  
**MEN'S GOLF COACH**  
**UNIVERSITY OF FLORIDA**

**Career Highlights**

- 24th season as Head Coach of the UF Men's Golf Team.
- 2005 US Palmer Cup Coach
- 2004 SEC Coach of the Year and GCAA SE Region Coach of the Year
- 1986 US Amateur Champion
- Coach Alexander's experience at UF has included: 31 PGA players, 31 All-Americans, 49 Tournament medalists, 58 All-American honors, 72 Academic All-Conference honors, and 72 All-Conference honors.

## ACADEMY MISSION

To provide great small group instruction for the long term development of our campers. We will focus on fundamentals, individual instruction, and a wide variety of seminars to cover all facets of the game. Our campers will work with one instructor all week in a small group, which keeps the communication simple and consistent throughout the entire camp. Campers will also have an opportunity to participate in clinics throughout the week which will allow our campers an opportunity to learn from all of our experienced coaches. Our coaches will create a great learning atmosphere for our campers in a fun, but productive environment.

## GOLF COURSE & FACILITIES

Participants will play golf at the Mark Bostick Golf Course at the University of Florida. This playable, yet challenging Donald Ross layout will challenge every facet of the game. The private practice facilities include, three chipping/putting greens, bunkers, pitching green, large tee area, and indoor/outdoor video analysis room.

## ACCOMODATIONS

At a safe local hotel in the Gainesville area. **Campers will be supervised at all times.** Each camper will room with one additional camper.

## ACADEMY COST

Overnight Camper: \$1,295.00

Day Camper: \$1,095.00

## WHAT TO BRING

Overnight participants should bring: 5 days of proper golf clothing; golf shoes, sneakers & socks; toiletries (soap, shampoo, deodorant, toothbrush, toothpaste, lotion, comb or brush), hat, sunscreen, sunglasses; workout clothes and shoes; swim suit; casual clothes for four nights, alarm clock; pajamas; and spending money for snacks, drinks, and/or souvenirs (\$50 should be sufficient). Day participants should wear proper golf clothing and golf shoes or sneakers. All participants should bring their golf bag, gloves, balls, and clubs.

## ACADEMY PARTICIPANTS

Open to all boys and girls aged 11-18 (high school graduates are not eligible)

## CONSENT TO MEDICAL TREATMENT AND RELEASE OF LIABILITY: READ BEFORE SIGNING (MUST HAVE TO PARTICIPATE IN GOLF ACADEMY)

In consideration of being allowed to participate in this Academy, I hereby **RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** the University Athletic Association, Inc., the University of Florida, the Board of Trustees of the State of Florida, the State of Florida, and their officers, servants, agents, or employees (hereinafter referred to as **RELEASEE**) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me/my child, or to any property belonging to me/my child, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE**, or otherwise, while participating in this Academy, or while in, on or upon the premises where the Academy is being conducted.

To the best of my knowledge, I/my child am/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk to participate in any way with the Academy's activities. I am fully aware of the risks and hazards connected with this Academy. I **VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me/my child, or any loss or damage to property owned by me/my child, as a result of being engaged in the Academy's activities, **WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEE** or otherwise. I further hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS**, the **RELEASEE**, from any loss, liability, damage or cost, including court costs and attorneys' fees, that may accrue related to me/my child's participation in the Academy, **WHETHER CAUSED BY NEGLIGENCE OF RELEASEE** or otherwise.

During the period of the Academy, I hereby give permission for the staff of the University Athletic Association, Inc., or this Academy to administer appropriate medical attention to me/my child in the event of any accident, illness, or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement consent to Medical Treatment shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a **RELEASE, WAIVER**, this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall be construed in accordance with the laws of the State of Florida. In signing this release, I acknowledge and represent that I have read and understand it and sign in voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete considerations fully intending to be bound by same.

**I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

PRINT NAME \_\_\_\_\_

Date Signed \_\_\_\_\_

PRINT CAMPER'S NAME \_\_\_\_\_

Important: The parental signature, doctor's permission and copy of medical insurance card **MUST** accompany each application. Copy of recent (within 1 year of beginning Academy date) school physical acceptable in lieu of physician signature. School athletic physical forms cannot be accepted.