

# Appleton West Middle School Golf Camp



**For students entering grades 6-9 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 10-11, 17-18, 24-25 July 8-9, and 15-16 (Mondays 11-1:00 pm and Tuesdays 11-2:00 pm)

**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 and golf playtime 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-Putting techniques, Chipping, Bunkers, and Full Swing on Practice Range (11:00 am to 1:00 pm)  
Tuesdays- Play 9 holes supervised by the instructor in foursomes

**Cost:** \$100 dollars\* (Checks Preferred) can be sent to the following instructor:

Shayne Porter

Wilson MS

225 North Badger Ave Appleton WI 54914.

Checks made payable to AASD to secure your child's spot.

\*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 11:00am-2:00pm 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@asds.k12.wi.us](mailto:portershayne@asds.k12.wi.us)