



2008 GOLF CAMP

DAILY SCHEDULE

Check in on the first day of camp is 8:30-9:00 a.m. at Randall Oaks Golf Club. Camp activities will be held from 9:00 a.m. to 4:00 p.m. on July 21-24. The final day of camp will feature an 18 hole golf tournament beginning at 9:00 a.m.

Check out on July 24 will take place at approximately 2:30 p.m. after the end of the tournament. Parents are invited to watch the final session of camp.

WHAT TO BRING

Campers should bring their own clubs, sunscreen, spikeless golf shoes, a hat, and a small amount of spending money.

COST

\$335

This cost includes green fees, lunch, instruction by top collegiate coaching staff and players, camp notebook, and camp t-shirt.

REFUND POLICY

There is a \$45 non-refundable fee for all cancellations made prior to camp. There will be no refund upon voluntary withdrawal or upon expulsion from the camps.

REGISTRATION METHODS

Please complete the attached registration form and parental authorization/release of information form. If applicable, confirmation will be sent via email within two business days of registration receipt. If email is not an option, confirmation will be sent through U.S. mail. Please call 815-753-5300 or email sportscamps@niu.edu with questions regarding registration, cancellation or general inquiries. For specific questions about the golf camp, call 815-753-1816.

NIU Huskie Sports Camps
219 Convocation Center
DeKalb, IL 60115

Phone: 815-753-5300
E-mail: sportscamps@niu.edu

**ONLINE REGISTRATION IS AVAILABLE AT:
WWW.NIUHUSKIES.COM**

WHO IS ELIGIBLE

The camp is designed for boys and girls, ages 11-18.

LOCATION

All golf activities will be held at the Randall Oaks Golf Club in West Dundee. Randall Oaks Golf Club is located on Binnie Road just west of Randall Road, north of I-90.

INSURANCE AND MEDICAL CARE

A member of the NIU Athletic Training Staff will be on call during camp activity sessions.

A Parental Authorization/Medical Form is included and **must** be returned with the registration form. All insurance information **must** be complete or the camper **will not** participate. **All participants must have proof of medical insurance.** Campers who do not have insurance will be responsible for all medical payments.

FEATURES

- Video Swing Analysis
- Camp Notebook
- Camp T-shirt
- On-course instruction
- Intramural team play
- Lunch
- Greens Fees



NON PROFIT
U.S. POSTAGE PAID
NORTHERN ILLINOIS
UNIVERSITY

NIU Golf Camp
Northern Illinois University
219 Convocation Center
DeKalb, Illinois 60115



NIU

NORTHERN ILLINOIS UNIVERSITY

GOLF CAMP

GENERAL SKILLS

JULY 21-24, 2008



OFFICIALHUSKIE SPORTSCAMP
www.niuhuskies.com



2008 Boys & Girls Golf Camp
Registration Form

Camper's Name _____
 Parental Contact _____
 Street Address _____
 City _____ State _____ Zip _____
 Home Phone _____
 Day Phone _____
 Parent's Email _____
 Grade Completed by **June '08** _____ **Age** _____
 Male Female
 Adult T-shirt Size: S M L XL
 School Attending _____

Camp Options: July 21-24

Check **Registration Fee / full payment**
 One: (\$335)
OR **\$45 non refundable deposit**
 (remaining balance due by July 8)
OR **NIU Employee Discount**
 (\$302)

Please enclose special accessibility accommodation request(s).

Total Amount \$ _____ (Make checks payable to NIU)

Mail to: NIU Huskie Sports Camps
 219 Convocation Center
 DeKalb, IL 60115

To pay with a credit card, please register online at: www.niuhuskies.com

2008 GOLF CAMP PARENTAL AUTHORIZATION / MEDICAL FORM

**CONSENT TO TREATMENT
 LIMITATION AND WAIVER OF LIABILITY**

In partial consideration of our child's acceptance into the Northern Illinois Golf Camp I/we as parents of

Camper's Name _____

do hereby agree to limit the liability of the Northern Illinois University Sports Camps, Northern Illinois University, its employees, agents, officers, staff and physicians, to the coverage of the medical insurance policy covering participants in the Northern Illinois University Sports Camps as explained in this brochure, which we have read and understand. I/we further agree to waive all liability, except for loss caused by gross negligence, of the Northern Illinois University Sports Camps, the Board of Trustees of Northern Illinois University, its employees, agents, officers, staff and physicians, for any accident, injury (including death), illness or other mishap which might befall the above-named camper while traveling to or from, or during his/her attendance at the Northern Illinois University Sports Camps, which is not covered by said medical insurance policy.

Further, I/we hereby grant permission to the staff and physicians of Northern Illinois University, and medical or surgical consultant deemed advisable, and any hospital to render to the above-named camper any medical and surgical treatment that they deem necessary. I/we understand that all possible effort will be made to inform me/us in case of such treatment.

This health history is correct to the best of my/our knowledge and my/our son/daughter has my/our permission to participate in camp activities with the exception of those noted under physical restrictions.

I authorize Kishwaukee Community Hospital, University Health Service and the DeKalb Clinic to release medical information regarding the above named participant to interested parties including parents and family physician.

 PARENT OR LEGAL GUARDIAN'S NAME (printed)

 SIGNATURE

 DATE

 PHONE: Day

 PHONE: Emergency

 PHONE: Cell

CAMPER'S HEALTH FORM - REQUIRED

To be completed by camper's parent or legal guardian.

CIRCLE YES/NO/NONE OR ENTER INFORMATION

ALL INFORMATION MUST BE COMPLETED IN ORDER TO PARTICIPATE IN THE CAMP.

YES/NO **Asthma** YES/NO **Convulsions/Seizures**
 YES/NO **Heart Disease** YES/NO **Bleeding Disorders**
 YES/NO **Diabetes** YES/NO **Rheumatic Fever**
 YES/NO **Head Injury/Concussions**

Allergies To Drugs / NONE _____

Allergies To Foods / NONE _____

Current Medications / NONE _____

Chronic Or Recurring Illnesses / NONE _____

Operations/Injuries (including dates) / NONE _____

Physical Restrictions / NONE _____

Physician Name _____

Physician Telephone _____

Camper's Date of Birth _____/_____/_____

**INSURANCE INFORMATION - REQUIRED
 (MUST ATTACH COPY OF INSURANCE CARD)**

Insured Name _____

Name of Company _____

Address _____

Policy Number _____

Phone Number _____

A doctor's release must be attached if camper is recovering

from a recent illness or injury, or if he/she will be participating with a cast of splint. Note: Camp includes much physical activity. Participants are encouraged to be properly conditioned.

CAMP STAFF

John Cleary

John Cleary is in his sixth year as Head Coach for the Northern Illinois University Men's Golf team. He has guided the Huskies to three tournament victories and five top three finishes in his short tenure at NIU. Before coming to NIU, John served for one year as the Assistant Golf Coach for the highly successful Northwestern University Men's Golf team and three years as Assistant Golf Coach for the Northwestern University Women's Golf team. Two of those teams advanced to the NCAA Regional tournament and he coached numerous All-Big Ten players for the Wildcats. He also co-developed and instructed at the Wildcat Golf Camps at Northwestern University's state of the art Gleacher Indoor Golf Center.

John has been a member of the Professional Golfer's Association of America since 1991 and was the Teaching Professional at the Glen View Club in Golf, IL from 1990 to 2003. He was named Illinois PGA Assistant Professional of the Year in 1998. He played in the 2000 Western Open on the PGA Tour and has placed in the Top 5 at the Illinois PGA Championship on four different occasions and played in the Illinois Open ten times. He has played in four PGA Club Professional Championships and has been a three time member of the Illinois PGA Radix Cup team.

