



UW-Oshkosh Women's Gymnastics

Choreography Clinic 2011

This clinic provides one-on-one instruction with the 2011 – 2012 University of Wisconsin Oshkosh gymnasts and coaches. We are proud to choreograph floor and beam routines for girls who share our passion for gymnastics and want to learn more about the sport and themselves.

Who: Optional YMCA, High School, USAG or USAIGC gymnasts

What: You provide the music, we provide the choreography. Bringing a video camera to film the final product is highly recommended. Also, please come with an idea of what tumbling and dance will be in your routine. Each gymnast who sends in their music at least **one week** in advance will have 1 hour of one-on-one attention to learn the new routine. Walk-in's have 1½ hours.

When: November 20 from 9 a.m. to 3 p.m. (Must reserve your time in advance)
Please email Coach Lauren Karnitz to reserve a time
Email: marenol@uwosh.edu

Where: UW-Oshkosh, Kolf Sports Center

How much: Send music before clinic \$60, 1 hour
Walk-in with music \$70, 1½ hours
Beam routines \$30, 1 hour



Name: _____ **Please circle:** Beam Floor

Address: _____, _____, _____, _____
Street City State Zip

Phone: _____ **E-mail:** _____

High School/Club: _____ **Grade:** _____ **# of Years as Gymnast:** _____

I verify that my child has been checked by a licensed physician and is physically able to participate in the Gymnastics camp/clinic. I agree to allow my child to be treated by a licensed physician while attending, if necessary, and to assume all costs related to such treatment. I authorize the disclosure of medical information to my insurance company for the purpose of claim. I understand that if this application is accepted, there is no refund of the deposit if we (parent of child) should cancel the application later. The undersigned does hereby agree to hold harmless and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin Oshkosh, their officers, agents and employees, from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my daughter in the course of the camp/clinic. Parent's/guardian's signature _____

CUT OFF TOP and SEND WITH CHECK TO:
UWO Sports Camps; 123 Kolf Sports Center; Oshkosh, WI 54901