

Registration Information			
Name	Phone	Age	WSGA Handicap
Address	City	State	Zip Code
Email	T-Shirt Size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		
Emergency Contact	Phone	Relationship	

Program Registration

Power Golf Screen and Exercise Program	
<input type="checkbox"/> Call to set-up appointment – (608) 261-1775. (Please bring this registration form to your first visit)	\$150

Power Golf Individual Training and Lessons	
<input type="checkbox"/> Call to schedule interview – (608) 261-1775.	\$495

Power Golf Group Training		January 20 to April 30 Tue / Thu 7:00-8:00 pm	
Par Package <input type="checkbox"/> 12 Sessions (\$216) Registration Deadline: March 23	Birdie Package <input type="checkbox"/> 18 Sessions (\$288) Registration Deadline: March 2	Eagle Package <input type="checkbox"/> Unlimited Sessions (\$336)	

TRAINING SESSIONS (CHOOSE TRAINING DAYS BASED ON AVAILABILITY)						ALL SESSIONS 7:00-8:00 PM	
WEEK 1	JAN 19-23	WEEK 2	JAN 26-30	WEEK 3	FEB 2-6	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TUE	<input type="checkbox"/> THU	<input type="checkbox"/> TUE	<input type="checkbox"/> THU	<input type="checkbox"/> TUE	<input type="checkbox"/> THU		
WEEK 4	FEB 9-13	WEEK 5	FEB 16-20	WEEK 6	FEB 23-27	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TUE	<input type="checkbox"/> THU	<input type="checkbox"/> TUE	<input type="checkbox"/> THU	<input type="checkbox"/> TUE	<input type="checkbox"/> THU		
WEEK 7	MAR 2-6	WEEK 8	MAR 9-13	WEEK 9	MAR 16-20	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TUE	<input type="checkbox"/> THU	<input type="checkbox"/> TUE	<input type="checkbox"/> THU	<input type="checkbox"/> TUE	<input type="checkbox"/> THU		
WEEK 10*	MAR 23-27	WEEK 11	MAR 30-APR 3	WEEK 12	APR 6-10	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TUE	<input type="checkbox"/> THU	<input type="checkbox"/> TUE	<input type="checkbox"/> THU	<input type="checkbox"/> TUE	<input type="checkbox"/> THU		
WEEK 13	APRIL 13-17	WEEK 14	APRIL 20-24	WEEK 15	APR 27-MAY 1	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TUE	<input type="checkbox"/> THU	<input type="checkbox"/> TUE	<input type="checkbox"/> THU	<input type="checkbox"/> TUE	<input type="checkbox"/> THU		

*Registration deadline for Par Package.

Group training sessions take place at UW Health Princeton Club West

Payment Information			
Amount Due	Payment Type <input type="checkbox"/> Cash <input type="checkbox"/> Check# _____ <input type="checkbox"/> Credit	Card Number	Expiration
OFFICE USE ONLY			
Received By:			Date:

You must complete a waiver form prior to first training session. You may complete the waiver form at your first session (provided you are over the age of 18) or you may download a form at www.uwhealth.org/power2 under the registration section.

Return to: UW Health Athletic Performance, 8042 Watts Road, Madison, WI 53711 or Fax to: (608) 261-1760 or call (608) 261-1775

Non-refundable Deposit

The Power Golf Group and Individual Training programs require a non-refundable deposit of \$75 to hold your place. You will not be refunded this deposit if you choose to cancel your registration.

Refund/Cancellation Policy

Enclosed is the enrollment fee paid in full, for the named golfer. I understand that the entire fee, less the non-refundable deposit will be refunded if such golfer cancels at least two weeks prior to the first day of the program. At any time after that date, I will receive a credit minus the non-refundable deposit to be used toward future Power² program instruction. I further understand there will be no refund or credit for days unattended by golfer. UW Health Athletic Performance reserves the right to cancel any program offerings because of low enrollment or decline any application. Every effort will be made to reschedule sessions cancelled due to illness or weather. If a session cannot be rescheduled, you will receive a refund for the session(s) cancelled.

Consent Form

I acknowledge that by signing this document for participation in UW Sports Medicine's *Athletic Performance Program* that I release the University of Wisconsin Hospitals and Clinics Authority ("UWHCA") and the Board of Regents of the University of Wisconsin System ("University") from liability. I have been advised to read it carefully before signing. I understand that the *Athletic Performance Program* involves participation in strenuous physical activity and the use of exercise equipment and that physical injury may result. The golfer has no physical or medical condition which to my knowledge would endanger the golfer or others during participation.

Waiver and Release from Liability

I agree not to bring any claim, demand, and/or cause of action of any nature whatsoever against UWHCA or University, or any member, officer, employee or agent of either, for any loss, damages, and injuries including: 1) any known and unknown, foreseen and unforeseen bodily personal injury, 2) loss of life, and 3) any attorney's fees at trial and appellate levels, and costs, expenses, or charges sustained, directly or indirectly, or alleged to have been sustained, or in any fashion arising from, in connection with, or resulting from the golfer's participation in or association with the *Athletic Performance Program*, even if due to the negligence (sole or joint) of UWHCA or the University or any member, officer, employee or agent of either. I agree that UWHCA and University are not insurers and it is not my intention or the intension of UWHCA or University or any member, officer, employee or agent of either, to assume responsibility for any loss, damages, or injuries arising from the Golfer's participation in or association with the *Athletic Performance Program*.

Indemnity

Further, I will indemnify and hold harmless UWHCA and University or any member, officer, employee or agent of either from and against any claim, demand, and/or cause of action of any nature whatsoever, brought by or on behalf of the Golfer or any member of the Golfer's family, including, but not limited to the Golfer's mother, father, brother, sister, or grandparents, or any lawful blood descendants of the Golfer for any loss, damages, or injuries, including: 1) any known and unknown, foreseen or unforeseen bodily and personal injury, 2) loss of life, and 3) any attorney's fees at the trial and appellate levels, and costs, expenses, or charges sustained, directly or indirectly, or alleged to have been sustained, or in any fashion arising from, in connection with, or resulting from the golfer's participation in or association with the *Athletic Performance Program*, even if due to the negligence (sole or joint) of UWHCA or University or any member, officer, employee or agent of either. This agreement is binding upon my heirs, successors, or assignees. It may not be modified orally and a waiver of any provision shall not be construed as a modification of any other provision herein or as a consent to any subsequent waiver or modification.

Release/Waiver Signature		
Signature	Print Name	Date

Medical History
Please list any medical conditions or injuries that may limit the golfer's participation

How did you hear about the Power² Athletic Performance programs?

- | | | |
|--|---|---|
| <input type="checkbox"/> Brochure at Home Golf Course | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Brochure at Princeton Club West | <input type="checkbox"/> Mailer | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Brochure at Vitense Golfland | <input type="checkbox"/> UW Health – In-Brief | <input type="checkbox"/> UW Health – Physical Therapist |
| <input type="checkbox"/> PGA Professional _____ | <input type="checkbox"/> UW Health - Website | <input type="checkbox"/> Other _____ |