

# SWING INTO THE **ACTION!**

This golf experience will focus on etiquette, rules, grip, stance, posture and swing. Instruction includes lessons on the driving range and putting green. Participants will play an abbreviated round of golf under the supervision of staff.

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**Date:** July 8 – 10, 2024

**Beginner:** 9 a.m. – noon (*Boys and girls ages 9 – 11*)

**Class ID:** 145335

**Intermediate:** 1 – 4 p.m. (*Boys and girls ages 12 – 14*)

**Class ID:** 145337

**Fee:** \$150 (*Campers are required to provide their own set of clubs.*)

**Day 1:** Johnson Hall, Kirkwood Community College

**Days 2–3:** Airport National Public Golf Course

**Instructors:** Head Coach Darin Pint, staff, and current players

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Registration and payment are due on or before **June 28 at 5 p.m.** Sessions are limited to 20 participants!

Register online at [www.kirkwood.edu/ce](http://www.kirkwood.edu/ce) or call 319-398-1022.

# MEET THE **COACHES**



**DARIN PINT**  
Head Coach

At Kirkwood 28 seasons

Overall record: 1562-368

Coached 105 national qualifiers

NJCAA Division II Golf Coaches Association president from 2009–11 (vice president 2007–09)

2019 NJCAA Golf Hall of Fame

Dave Williams National Coach of the year 2016, 2020, 2023

HOME OF THE 2023  
**MEN'S GOLF  
NATIONAL  
CHAMPIONS**

SUMMER 2024

**GOLF  
CAMP**

KIRKWOOD  
PLAY THE GAME



## REGISTRATION FORM

Participant Name

Address

City, State, ZIP

Home Phone

Date of Birth

Age

High School Graduation Year

Parent or Guardian Name

Email Address

Daytime Phone

Emergency Phone

Alternate Emergency Contact

Alternate Emergency Phone

## SESSIONS

- Beginner                      Class ID: 145335                      \$150
- Intermediate                      Class ID: 145337                      \$150

**Total enclosed**                      \$ \_\_\_\_\_

Make check payable to Kirkwood Community College.  
Mail check and registration to:

Kirkwood Community College  
Continuing Education  
6301 Kirkwood Blvd. SW  
Cedar Rapids, Iowa 52404

## MEDICAL INSURANCE INFORMATION

Listed is (are) the medical condition(s) and allergies the college should be aware of concerning the above-registered minor child:

The college should be aware that the above-registered minor child is taking the following medications:

Please provide your medical insurance information:

## MEDICAL RELEASE

If the above-named minor child is in need of medical attention, as the result of either illness or injury, I do hereby give my permission for Kirkwood Community College to provide or to see that the necessary care is provided. Additionally, I give the college permission to submit my medical insurance information to any medical provider caring for the above-named minor child.

## WAIVER AND RELEASE OF LIABILITY

I hereby give my permission as the parent or guardian of the above to participate in Youth Class/Camp Activities at Kirkwood Community College. I acknowledge that participant is physically and mentally able to participate in these activities and programs. I understand there are certain risks associated with those activities and programs, and I assume the risks to participant associated with those activities and programs. I understand that I am responsible for insurance coverage for participant.

I, as an authorized representative of the participant, understand that participation in Youth Class/Camp Activities is conditional upon execution of this Waiver and Release of Liability. In consideration of permission to participate, I agree to defend, indemnify and hold the college and the Kirkwood Community College Facilities Foundation and all of its departments, trustees, directors, officers, servants, agents, employees and applicable media vendors harmless from any and all claims of libel, slander, invasion of the right to privacy or bodily injury, property damage or other incident whether arising out of participation or otherwise.

I accept the above terms and conditions of the Waiver and Release of Liability.

Parent or Guardian Signature:

Date