



AGES
6-13

RESERVE
YOUR SPOT
TODAY!

AFTER-SCHOOL JUNIOR PROGRAM REGISTRATION FORM

Learn Essential Golf Skills: Putting, Chipping, Pitching, Sand, Full Swing, Club Fitting Assessment;
Rules & Etiquette, Core Values, History & Tradition

Student Name (PRINT) : _____

School: _____ Age: _____ Grade: _____ Height: _____

Equipment Needed: Yes, Right-Handed Yes, Left-handed No

Allergies: _____

Special Needs/Notes: _____

Parent/Guardian Name 1: _____

Email: _____ Best Phone: _____

Parent/Guardian Name 2: _____

Email: _____ Best Phone: _____

COST: \$239 / 5- Sessions - 1.5 hrs / day (Snacks & beverages provided)

PAYMENT: Prefer Cash or Check Payable to: DeFanti Sports Mgmt.

SESSIONS: (All sessions are ages 6-13)

- Tuesdays, 5-6:30PM: September 3, September 10, September 17, October 1, October 8
- Thursdays, 5-6:30PM: September 5, September 12, September 19, October 3, October 10

NO CLASSES THE
WEEK OF
SEP 23RD FOR
SCHOOL BREAK

MAIL TO:

Ned DeFanti | 3774 Robinson Road NE Marietta, GA 30068

Cobblestone Golf Club | 4200 Nance Road Acworth, GA 30101

Registration form may also be dropped off at Cobblestone Golf Course Pro Shop.

QUESTIONS:

Ned DeFanti, PGA Director of Instruction,

US Kids Certified Instructor

678-361-0269 or email at defantigolf@gmail.com.



CONSENT AND RELEASE FORM & PARTICIPATION AGREEMENT

While my child is participating at a Bobby Jones Golf Links Academy program, I acknowledge and assume all the foregoing risks on his/her behalf and accept personal responsibility for any injury or damages that may occur. I release, waive, discharge and covenant not to sue Mosaic Golf Academy's administrators, agents, sponsors, other participants, advertisers, and owners/lessors of premises used to conduct the activities. I have read the above waiver and release, and understand that I have given up substantial rights by signing it, and sign it voluntarily I give my permission for my child to be photographed, videotaped, and/or interviewed for promotional purposes while attending AGA's Spring After School Golf Program.

PRINT NAME

SIGNATURE

DATE

NOTICE OF EXEMPTION

I, _____ acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensing requirements.

PARENT SIGNATURE

DATE