



CHAMPIONSHIP TEES CAMP (2019)

THE DAVID LEADBETTER GOLF ACADEMY

AGES: 13-17

MON-FRI (5 days)

9am-3pm

\$495⁰⁰ per 1 week session

DATES OFFERED:

- JUN: 10-14, 17-21
- JUL: 15-19, 22-26

The LGA at PGA is excited to offer a 5 day golf boot camp. Custom made with the competitive player in mind. Improve your scores and elevate your game to the next level by improving ball striking scoring ability, TPI golf fitness and on course playing lessons. You will receive Elite level training and a blue print to reach your goals. All at the home of the PGA Tour's Honda Classic.

_____	_____	_____
Junior's Name:	Age:	Program Dates:
_____	_____	_____
Guardian Name:	Phone:	Email:
_____	_____	_____
Member #:	RM #:	Referred to By:

***DISCOUNTS AVAILABLE: MEMBER 10% LOYALTY/SIBLING 10%**

*Waiver/Indemnification: Parent or legal guardian must sign below before golfer is accepted in any and all DLGA Summer Programs: As parent/legal guardian of the child named herein, I hereby represent that the child has been examined by a pediatrician and is physically fit to participate in Summer Golf Activities. I understand there are inherent risks in participating in this athletic program. I hereby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my child as a result of his/her participation in any DLGA Summer Program. I further agree to indemnify and hold harmless PGA National Resort & Spa, DLGA, its agents, servants, employees and/or representatives from any and all liability, damage, cost or expense arising out of my child's participation, of every kind of nature, in Summer Program activities/events. In the event that I cannot be reached in an emergency, I hereby give permission for care to be administered by a qualified staff member, EMT, physician/staff of hospital or any other qualified individual to provide any medical treatment deemed necessary.

Signature of parent/legal guardian: Date: _____



PGA NATIONAL RESORT & SPA
CREDIT CARD BILLING AUTHORIZATION FORM

This is your authorization to bill my credit card number as follows:

MasterCard Visa American Express Discover
 Diners Card Other _____

Card Number: _____ Exp. Date: _____ 3-Digit Code: _____

Name as it appears on card: _____

Phone: _____

Billing Address:

List Name(s) of Campers:

Amount: _____

Cardholder's Signature: _____ Date: _____

FAX FORM TO: 561.622.1651

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