



**WELCOMES YOUR CHILD TO OUR
“LITTLE GOLFERS MINI SUMMER CAMP”**

DATES:

June 12 - 13 - 14

July 9 - 10 - 11

July 24 - 25 - 26

TIME:

9am -11am

\$150 FOR ALL 3 DAYS

\$60 PER DAY

Clinic will cover the basics in Short Game, Full Swing and on Course Play.

Little Golfer's Name: _____

Little Golfer's Age: _____

Guardian Name: _____

Phone: _____

Email: _____

Referred to By: _____

Address: _____

Method of Payment: Visa Master Card American Express

Member #: _____

Card #: _____

Expiration Date: _____

Security Code: _____

Checks made payable to: PGA National Resort & Spa/Junior Golf

*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: _____



RETURN TO: Sasha Butler
ATTN: JSHCButler@yahoo.com
 400 Avenue of the Champions, Palm Beach Gardens, FL 33418
 Phone: 561.518.8392

