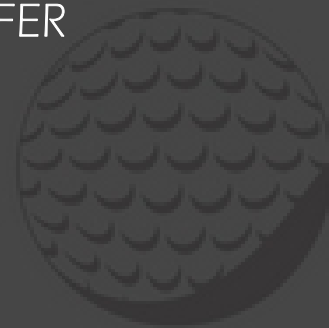


LEADBETTER GOLF ACADEMY IS PROUD TO OFFER

# Winter Championship Camp

Ages: 11 to 15 \*

Time: 9am – 3 pm \*Ratio 4:1



The LGA at PGA is excited to offer a four 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.

Every session includes Lunch, short game and full swing and on course play!

The week would be: December 30<sup>th</sup>, 31<sup>st</sup> and January 2<sup>nd</sup> and 3<sup>rd</sup>

December 30<sup>th</sup> and 31<sup>st</sup>  \$150.00 per day or do all four days

January 2<sup>nd</sup>, 3<sup>rd</sup>  Four days is \$500.00

Junior's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Dates: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Referred to by: \_\_\_\_\_

**\*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  
400 Avenue of Champions, Palm Beach Gardens FL 33418  
[rita.carroll@pgaresort.com](mailto:rita.carroll@pgaresort.com) 561.622.2674