



PGA
Ned DeFanti, PGA

NED DEFANTI - PGA DIRECTOR OF INSTRUCTION US KIDS CERTIFIED INSTRUCTOR

2024 Spring After School Junior Program – AGES 6-13

Program Covers: 5 Sessions – 1.5 hours each day

- Essential Golf Skills – Putting, Chipping, Pitching, Sand, Full Swing, Club Fitting Assessment
- Rules and Etiquette, Core Values, History and Tradition

Reserve Your Spot Today! Please Print

Name of Student: _____
School: _____ Age: ____ Grade: ____ Height: ____ Equipment: Y or N – RH or LH
Parent/Guardian: _____ Allergies _____
Special Needs: _____
Email: _____ Best Phone _____
Email: _____ 2cd Phone _____

COST: \$224 for 5 Sessions (Snacks and Beverages Provided)

PAYMENT: Cash or Check Payable to: DeFanti Sports MGMT - Questions: Contact Ned DeFanti, PGA Director of Instruction, 678-361-0269 or email defantigolf@gmail.com

AGE 6-13 _____ Check Day Tuesday's Time 5pm-6:30PM

**Session 1 – March 12th Session 2 – March 19th Session 3 – March 26th Session 4 – April 9th
Session 5 – April 16th**

AGE 6-13 _____ Check Day Thursday's Time 5:00-6:30 PM

**Session 1 – March 14th Session 2 – March 21st Session 3 – March 28th Session 4 – April 11th
Session 5 – April 18th**

Mail to: Ned DeFanti 3774 Robinson Road NE Marietta, GA. 30068 or Cobblestone Golf Course 4200 Nance Road Acworth, GA 30101 Forms may also be drop off at the pro shop.

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.

Signature_____ **Print Name:** _____ **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**_____