



**PGA**  
Ned DeFanti, PGA

## NED DEFANTI - PGA DIRECTOR OF INSTRUCTION US KIDS CERTIFIED INSTRUCTOR

### 2020 Spring After School Junior Program – AGES 5-7 & 8-13

Program Covers: 4 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 \_\_\_\_\_

**COST: \$110/ for 4 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](mailto:defantigolf@gmail.com)**

**AGE 5-7 \_\_\_\_\_ Check Day Tuesday's Time 11am to 12:30pm PM**  
**Session 1 – May 12th Session 2 – May 19th Session 3 – May 26th Session 4 – June 2nd**

**AGE 8-13 \_\_\_\_\_ Check Day Wednesday's Time 5:00-6:30 PM**  
**Session 1 - May 13<sup>th</sup> Session 2 – May 20th Session 3 – May 27th Session 4 – June 3rd**

**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 Mosaic Golf Club 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/leasers 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 licensure requirements.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_