



FOR AGES
6-13

JUNIOR SUMMER GOLF CAMP REGISTRATION FORM

Student Name (PRINT): _____

School: _____ Age: _____ Grade: _____ Height: _____

Equipment Needed: Yes, Right-Handed Yes, Left-Handed No

Allergies: _____

Special Requests/Notes: _____

Parent/Guardian Name: _____

Email: _____ Phone: _____

COST:

\$249 / Child for 4-Day Camp

PAYMENT:

Prefer Cash or Check Payable to: DeFanti Sports Mgmt.

SESSIONS:

- June 11-14 June 18-21 Jun 25-28 July 23-26
 July 9-12 July 16-19 *Class retake only \$175

MAIL TO:

Ned DeFanti | 3774 Robinson Road NE Marietta, GA 30068

Cobblestone Golf Club | 4200 Nance Road Acworth, GA 30101

Registration form may also be dropped off at Cobblestone Golf Course Pro Shop.

QUESTIONS:

Ned DeFanti, PGA Director of Instruction,

US Kids Certified Instructor

678-361-0269 or email at defantigolf@gmail.com.



CONSENT AND RELEASE FORM & PARTICIPATION AGREEMENT

While my child is participating at a Bobby Jones Links 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 Bobby Jones Links' 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.

PRINT NAME

SIGNATURE

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.

SIGNATURE

DATE