



2018 Summer Junior Golf Academy

Classes run Monday – Thursday 9 am – Noon

Week 1: June 11 - 14

Week 2: June 25 -28

Week 3: July 9 -12

Week 4: July 23-27

All Ability Levels Welcome - Ages 6 - 17

Sessions Will Cover Full Swing and Short Game

Daily Fun Contests and Challenging Environment for Students

Students must bring their own golf clubs

Cost - \$125 per Student / per week

Optional: Box Lunch \$25 (daily sandwich, chips, cookie & drink)

Our program is unique, teaching not only golf skills, but discipline and character that will stay with the student, leading to greater success in life.

For additional information, contact Mike Kingsrud at (214)440-2229

Or mkingsrud@msn.com

Online registration available at www.duckcreekgc.com

2018 Duck Creek Junior Golf Academy Registration Form

Program Cost: \$125 Per Student / Per Week

Optional: \$25 includes Daily Box Lunch

Please return the registration form, payment and waiver to the Duck Creek Golf Shop

Student's Name: _____

Age / DOB: _____

Skill Level: Beginner _____ Novice _____ Advanced _____

Week: June 11 – 25 _____ June 25 – 28 _____

July 9 – 12 _____ July 23 – 27 _____

Parent/Guardian Name: _____

Contact Phone Number: _____

E-Mail: _____

Amount Due \$ _____

PAYMENT TYPE

(Form will not be accepted without payment.)

- Credit Card Type: _____
Credit Card Number: _____ Exp: _____
- Check #: _____
- Cash: _____

Duck Creek Junior Golf Academy Release & Waiver

I, _____ (Parent), have enrolled my child, _____ (child's name) to participate in the junior golf academy program at Duck Creek Golf Club (DCGC) in Garland, TX. I have read the following terms and by signing this document, I am agreeing to all terms unconditionally.

- 1 I fully recognize the risks of injury inherent in participation in a program of this nature and I present to the DCGC that my child is physically capable of participating in such a program.
- 2 I hereby release DCGC and/or its officers, directors, agents, servants, employees, parent company and subsidiaries from any and all liability in connection with my child's participation.
- 3 I further indemnify and hold harmless DCGC and the aforementioned from any and all claims, actions, demands, costs, liabilities, expenses or judgments whatsoever, including attorney's fees and costs which might arise from my child's participation in the program.
- 4 In the event my child has a **medical emergency** while participating in the program I authorize emergency medical treatment of my son by a licensed health-care practitioner selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medication for my son. I understand reasonable efforts will be made to contact me.
- 5 I hereby execute and deliver this release waiver to DCGC and permit my child's participation at my own risk and without representation of any kind or character having been made by DCGC.

Dated this _____ day of _____, 2018

Signature of Parent or Guardian _____