



BEGINNERS/ INTERMEDIATE

WHEN:

June 5th – June 9th
9:00AM – 10:00AM

WHERE:

Blank Golf Course
808 County Line Rd.
Des Moines, IA 50315

WHO:

- ✓ Beginner golfers
- ✓ Intermediate golfers

WHAT:

This weeklong program covers all the basics through fun contests and skills competitions giving your player the foundation to continue on with the game of golf.



ADVANCED

WHEN:

June 5th – June 9th
9:00AM – 10:00AM

WHERE:

Blank Golf Course
808 County Line Rd.
Des Moines, IA 50315

WHO:

- ✓ Ages 13 & up
- ✓ Players with on-course experience
- ✓ Future High School golfers
- ✓ Competitive golfers

WHAT:

With a focus on the basics, players will also learn course management skills to help the student take their game from the range to the course!



INTRODUCING YOUTH TO THE GAME OF GOLF (ages 8 – 17)

DIRECTORS:

Rocky Sposato, *PGA*
Joel Miles, *PGA*

\$100 – weeklong program

- Golf rules & etiquette
- Course management
- Club introduction
- Technique
- Fun games & contests
- T-shirt
- Daily refreshments

PLAYERS WILL NEED:

- ✓ Golf clubs & bag
- ✓ Comfortable clothing suitable for the days weather
- ✓ Sneakers or tennis shoes

QUESTIONS?

dsmjuniorgolf@yahoo.com
<http://www.golfdesmoinesiowa.com>
515.248.6302



GET SIGNED UP!

Liability Release

In consideration of my minor child being permitted to participate in any way in this Program/Activity, I, the parent/guardian, for my minor child, all of my minor child's, personal representatives, executors, administrators, heirs, next of kin, successors and assigns, herein referred to as "Releasers", do hereby:

1. Acknowledge that this Program/Activity may be a major test of a person's physical and mental limits and carries with it the potential for serious injury, death and/or property damage, and certify as to the physical fitness of my minor child to participate and declare that my minor child has not been advised otherwise by a qualified medical professional.
2. Acknowledge, agree, and represent that my minor child will, at all times, be aware of the surroundings during the Program/Activity and agree that if my minor child considers anything related to this Program/Activity to be unsafe, will immediately advise the Program/Activity officials of such, and if necessary, will leave the area or refuse to participate further in the Program/Activity.
3. Waive, release and discharge, and covenant not to sue, the C Corporation, its employees, volunteers, sponsors, and agents, including others who give recommendations, directions, or instructions as part of this Program/Activity, from any and all liability to Releasers for any and all loss or damage, and any claim or demands therefore, on account of injury to the person or property or resulting in death of my minor child arising out of or related to the Program/Activity, including traveling to or from the Program/Activity.
4. Assume full responsibility for any risk of bodily injury, death or property damage arising out of or related to the Program/Activity.
5. Agree that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the C Corporation, not including gross negligence and willful misconduct, and is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
7. Authorize any medical treatment, including the administration of anesthesia, deemed advisable by any licensed physician to relieve any injuries received or illness contracted by my minor child as a participant in this Program/Activity.
8. Authorize and consent to C Corporation, its sponsors, and any news media, and their successors and assigns and those acting under their authority, to take, publish, use in any media, and copyright photographs, videotape or other and audio or visual media, including broadcast in any media, of me and agree that such may be used for any lawful purpose without further compensation or approval.

I, the undersigned parent/guardian, hereby give my permission for my minor child to participate in this program and agree to abide by all league rules and to follow good sportsmanship and spectator code of conduct rules.

Further, I have read the Release and Waiver, Assumption of Risk and Indemnity Agreement on the back of this form, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it voluntarily without assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the fullest extent permitted by law.

Guardian's Name: _____ Relationship: _____

Cell Phone: _____ Email Address: _____

Emergency Contact: _____ Emergency Cell Phone: _____

Player's Name: _____

Age: _____

Date of Birth: _____

Address: _____

SELECT A PROGRAM

✓check one

BEGINNER / INTERMEDIATE

ADVANCED

PAYMENT:

Check #:

(payable to C Corp) _____

✓check one

VISA

MC

AMEX

*we do not accept discover

Credit

Card #: _____

Exp: _____

CVV/CID: _____

SHIRT SIZE

circle one

YOUTH:

S M L XL

ADULT:

S M L XL

MAIL REGISTRATION TO:
 City of Des Moines Junior Golf
 4908 University Ave
 Des Moines, IA 50311
 Or

EMAIL TO:
dsmjuniorgolf@yahoo.com