

# Cobblestone Golf Academy



**Ned Defanti PGA Director of Instruction**

**US Kids Certified Instructor**

## 2018 Fall After-School Junior Program - Golf 'N Motion Clinic's

Six (6) Sessions age/experience specific weekly sessions designed to progressively develop:

- Golf Fundamentals – Using USKIDS golf kid friendly information
- Motor/Sports skills

Program covers the development of:

- Essential golf skills, putting, chipping, pitching, full swing, club fitting assessment, rules and etiquette, core values, golf history and tradition
- Fundamental Movement Skills (FMS) and Sports Skills - needed for coordination, agility, feel/balance, and proper golf stability/mobility

Activities and progression stages are focused on enjoying learning and improving golf ability using:

Range and some on-course golf skills training

Fitness and games, skill challenges targeting development and sports skills

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Cobblestone GC 2018 Fall After-School - Golf 'N Motion Registration Form

4200 Nance Road, Acworth, GA 30101 Contact Ned at 678-361-0269 [defantigolf@pga.com](mailto:defantigolf@pga.com)

Name of Student: \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ You Have Equipment: Y or N RH or LH Height \_\_\_\_\_"

Parent/Guardian: \_\_\_\_\_ Allergies \_\_\_\_\_

Special Needs: \_\_\_\_\_

Email: \_\_\_\_\_ Best Phone (\_\_\_\_) \_\_\_\_\_

COST: Wednesdays: 8-13 Yr. Olds \$150/child for (9 hours) 6 Sessions \$30/child per 1½ hour session.

Tuesdays: 5-7 Yr. Olds \$150/child for (9 hours) 6 Sessions \$30/child per 1½ hour session.

PAYMENT: Cash or Check only Payable to: DeFanti Sports MGMT.

Mail Checks to: Ned DeFanti 3774 Robinson Road NE Marietta Georgia 30068 or drop off at Cobblestone Pro Shop.

Select One:

Ages 5-7 Time: 3:30 – 5:00 Tuesdays Date Period 8/14 – 9/18

Ages 8-13 Time: 5:00 – 6:30 Wednesdays Date Period 8/15– 9/19

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## 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/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 licensure requirements.

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