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**Prestonwood Golf Academy**  
Junior Golf Academy



Junior golfers represent the future of golf. Prestonwood Junior Golf Academy has programming for every age and skill level with focus on fundamental skills, USGA Rules of Golf, and etiquette in a fun learning environment. Skills testing, goal setting, and a comprehensive ranking system pushes students to strive to improve their game and have fun while competing with their friends. Prestonwood Junior Golf Academy is a great way for junior golfers to learn and keep the future of golf bright. The Prestonwood Junior Golf Academy is designed to give junior golfers a structured, informative, and fun learning environment. The Annual Academy Dues (\$150 due January or at the start the program) will include shirts, hats, bag tags, golf balls, possible outerwear, and name embroidered bags for the older/competitive groups.  
 \*Skill level testing will take place during class times 4-times per year (March, June, September, December). Initial placement will be based upon age. After testing, placement will be re-assessed dependent upon results.

White Group	Blue Group	Red Group	Green Group	Pink Group
<b>Ages:</b> 7-10	<b>Ages:</b> *9-12 <i>*at discretion of Dir. of Instruction</i>	<b>Ages:</b> *11-15 <i>*at discretion of Dir. of Instruction</i>	<b>Ages:</b> *12-15 <i>*at discretion of Dir. of Instruction</i>	<b>Ages:</b> *7-12 <i>*Non-Negotiable</i>
<b>Skill Level:</b> Beginner	<b>Skill Level:</b> Intermediate	<b>Skill Level:</b> Advanced (HighSchool Prep.)	<b>Skill Level:</b> Beginner Teen	<b>Skill Level:</b> Beginner & Intermediate
<b>Times:</b> 4:30-6:00pm	<b>Times:</b> 4:30-6:00pm  <i>**1:30-3:00pm**</i>	<b>Times:</b> 4:30-6:00pm  <i>**1:30-3:00pm**</i>	<b>Times:</b> 4:30-6:00pm	<b>Times:</b> 4:30-6:00pm
<b>Day &amp; Location:</b> Tuesday @ Creek Wednesday @ Hills Thursday @ Hills	<b>Day &amp; Location:</b> Wednesday @ Creek Friday @ Hills  <i>**Saturday @ Creek**</i>	<b>Day &amp; Location:</b> Wednesday @ Creek Friday @ Hills  <i>**Saturday @ Creek**</i>	<b>Day &amp; Location:</b> Monday @ Hills Thursday @ Creek	<b>Day &amp; Location:</b> Friday @ Creek

\*Blue and Red Groups will meet at the same time. Some activities will be done together but most practice will be separated by age and skill level.

	Member Pricing	Non-Member Pricing
○ 4 classes/month	\$120	\$180
○ 8 classes/month	\$180	\$240
○ Drop in (each time)	\$45	\$55
○ Annual PJGA Dues * Due January or at start of program		\$150

For questions concerning lessons or programming, please contact  
 Chaz Edwards, PGA  
 Director of Golf Instruction  
 (972) 233-6166  
 www.prestonwoodgolfacademy.com  
 chaz.edwards@clubcorp.com

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**2018 Parent / Student / Instructor Agreement**

I, \_\_\_\_\_, and my son/daughter \_\_\_\_\_ understand and have read the previous pages together as a family. We are aware of the following requirements:

1. Be on time and attend all required practices and play days. If an absence or late arrival can't be avoided, we will call or email Chaz Edwards (214-498-4030 or chaz.edwards@clubcorp.com) as soon as possible.
2. I understand my member account or my credit card will be charged at the beginning of each month. If I am not a member, *I do understand I am required to keep an up to date credit card on file* with Prestonwood Junior Golf Academy.

**Billing Preference**

Member Account #: \_\_\_\_\_

**OR** 

Card Type:      Visa                      Master Card                      AMEX

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ Sec. Code \_\_\_\_\_

	<b>Member Pricing</b>	<b>Non-Member Pricing</b>
4 classes/month	\$120 _____ initials	\$180 _____ initials
8 classes/month)	\$180 _____ initials	\$240 _____ initials
Drop in (each time)	\$45 _____ initials	\$55 _____ initials
<b>Annual PJGA Dues</b>	<b>Due Jan. or at start of program</b>	<b>\$150 _____ initials</b>

*\*Please initial all that apply (Ex. If you wish to participate 1 day a week, and you are a member of The Clubs of Prestonwood, please initial '4 classes/month \$120'. EVERY student participating in the Prestonwood Junior Golf Academy will be billed the \$150 Annual JGA Dues*

3. **Dressed in appropriate golf attire (golf shirt, khakis shorts or pants, golf academy hat, and sneakers or golf shoes)**
4. Respect all competitors, other Prestonwood members, coaches, the golf facility, and golf equipment given to the student by the Junior Golf Academy.
5. Do not hinder yourself, other students or the coach from providing a safe and fun learning environment.

I understand that my son/daughter can be suspended or terminated for violating any rules set by the coach, the Junior Golf Academy, Prestonwood Country Club, and/or Club Corp.

\_\_\_\_\_  
Parent / Guardian (printed)

\_\_\_\_\_  
Student (printed)

\_\_\_\_\_  
Parent / Guardian (signature)

\_\_\_\_\_  
Student (signature)

\_\_\_\_\_ Date

\_\_\_\_\_ Date

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**Prestonwood Country Club, Inc. ("Club")**  
**ACTIVITY REGISTRATION - MINOR**

Participant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: State: Zip: \_\_\_\_\_  
Parent/Legal Guardian: \_\_\_\_\_  
Phone Numbers: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Activity: Prestonwood Junior Golf Academy to include both the After-School Junior Golf Program and the Junior Golf Program at the Club during 2018.**

**ASSUMPTION OF RISK AND RELEASE AGREEMENT**

**Assumption of Risk:** As parent or legal guardian of participant, I am aware that the Activity involves inherent risks, dangers, and hazards that can result in serious personal injury or death. I am also aware that the Club facilities and/or equipment contain dangers and can cause serious injury or death. **I and Participant hereby freely agree to assume and accept all known and unknown risks of injury arising out of the Activity including injury or death that results from Club's negligence, design of the facility and/or equipment, or from any third party.**

**Release and Indemnity:** In exchange for the Club allowing Participant to participate in the Activity, I and Participant understand and expressly acknowledge that we, on our own behalf and on behalf of the other members of our family, including spouse, parents, children, heirs, and assigns, release, discharge, waive, relinquish, covenant not to sue, indemnify and hold harmless from any and all claims, actions, demands, costs, liabilities, expenses or judgments whatsoever, including attorneys' fees and costs, the Club, its parent company, affiliated or subsidiary companies, and all their respective officers, directors, agents, contractors, employees, heirs, successors, assigns, volunteers and guests ("Released Parties") from all liability for any injury, death, loss or damage connected in any way whatsoever to participation in Activity that may result from Club's negligence or willful misconduct of any third party, design of the facility and/or equipment, whether arising either directly or indirectly out of participating in an event or activities or from any third party, whether on or off the Club's premises and including any transportation. It is the intention of the parties hereto that I will indemnify and protect the Club and Released Parties from the consequences of acts or omission of the Club and Released Parties or any third party (including others who may be participating in the Event), who may have a claim or cause of action against the Club and Released Parties that arose by, through, or under Participant, in whole or in part.

**Property Loss:** All personal property brought to the Activity is brought at the sole risk of the Participant as to its theft, damage, or loss or injury to any other third party.

**Medical:** I give my consent to emergency medical care and transportation in order to obtain treatment in the event of injury, as the Club may deem appropriate. I agree to accept full responsibility for and to pay for the cost of medical care, transportation and any other incidental expenses due to health, accident, or failure to conform to rules and guidelines established by the Club and the person in charge of the Activity. I further agree to release and hold harmless the Club, its parent company, affiliated or subsidiary companies, and all their respective officers, directors, agents, contractors, employees, heirs, successors, assigns, volunteers and guests, whether associated with the Activity or not, arising from and extending to any and all liability arising out of or in any way connected with such provision of medical or surgical treatment or transportation provided in the event of an emergency.

**Photograph Permission:** I give permission for the Club to use, without limitation or obligation, photographs, film footage, or tape recordings that may include participant's image or voice for purposes of promoting the Club's programs.

**Severability:** Any provision or portion of this Release found to be invalid by the courts having jurisdiction shall be invalid only with respect to such provision or portion. The remaining provisions or portion hereof, shall be construed and enforced to the same effect as if such offending provision or portion thereof had not been contained herein.

**Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_**

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**EMERGENCY/MEDICAL TREATMENT**

Full name of Participant: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_

*Please check below IF your child has allergies or sensitivity to:*

Bee Sting \_\_\_\_ Nuts \_\_\_\_ Dairy \_\_\_\_ Latex \_\_\_\_ Other

List Required Medications and Dose Amounts: \_\_\_\_\_

\_\_\_\_\_

*Please check below IF your child has:*

Asthma  \_\_\_\_ Diabetes \_\_\_\_ Seizure Disorder \_\_\_\_ Heart Condition \_\_\_\_

Other Medical Condition \_\_\_\_\_

List Required Medications and Dose Amounts: \_\_\_\_\_

\_\_\_\_\_

Other Medications: \_\_\_\_\_

Medical History (ex., diabetes or epilepsy), Special Conditions/Needs: \_\_\_\_\_

\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Group/Policy No: \_\_\_\_\_

Names of people to whom the Participant may be released.

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

I hereby give my permission to have my child taken to the physician, dentist, or hospital for medical treatment if an accident or serious illness occurs.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_