## Arlington Junior Golf

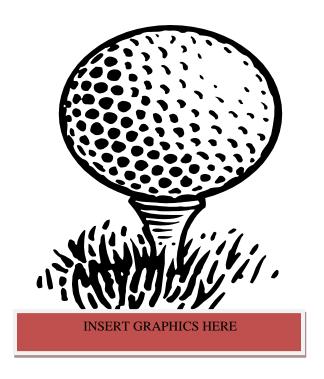
# Spring Break Golf Camp

@ Tierra Verde Golf Club or Texas Rangers Golf Club March 12-14, 2024

\$129.00 per student

- > Time: 9:30 a.m. ~ 11:30 a.m.
- > Age: 6 ~ 17 years old
- > Designed for all levels of ability
- > PGA Professional Certified Instructors
- ➤ Fun daily activities including golf specific exercises, basic golf instruction, introduction to the rules of golf & etiquette, course management & skill challenges

Deadline for Sign-Up is Saturday, March 9, 2024 @ 5:00 p.m.



### Daily Activities – Itinerary

#### Tuesday, March 12 ~ Day 1

9:15	Registration
9:30 ~ 9:45	Basic exercise ~ Fundamental movement skills ~ Agility/Coordination
	Introduction to the game including basic rules & etiquette
9:45 - 10:30	Station 1 – Putting Fundamentals and How to putt
10:30 - 10:40	BREAK
10:40 - 11:30	Station 2 – Chipping Fundamentals and How to chip

#### Wednesday, March 13 ~ Day 2

9:30 ~ 10:25	Basic exercise ~ Fundamental movement skills ~ Agility/Coordination
	Station 3 ~ Pitching Fundamental and How to Pitch
10:25 - 10:35	BREAK
10:35 ~ 11:30	Station 4 ~ Full swing Fundamentals and How to Swing the club

#### Thursday, March 14 ~ Day 3

9:30 ~ 9:45	Basic exercise ~ Fundamental movement skills ~ Agility/Coordination
	Practice & Review Fundamentals
9:45 ~ 11:30	Team Scramble / Skill Challenges on Putting, Chipping, Pitching, Full Swing

### **Texas Rangers Golf Club** Program Participant Information Welcome to our Program – we are happy you are here! Please complete the following information.

Program	Email Address				
Participant's Name		Birthdate \( \textsquare M \) \( \textsquare F \)			
Address	C	ity	Zip		
Home Phone	School Attended				
Parent's Name		Work Number			
Parent's Name	Work Number				
Emergency Contact_		Phone Number			
S	(Approval for alternate person to sign to gnify by my initials that I give my permit below:	• •	be released to the		
Name	Relationship to participant	Driver's license #			
Name	Relationship to participant	Driver's license #			
	gnify by my initials that I DO NOT give persons listed below:	my permission for the part	icipant to be		
Name	Relationship to participant	Driver's licen	se #		
Medical Informat	tion				
Doctor's name		Phone Number			
Insurance company		Policy Number			
Is the participant aller	gic to any medication? $\Box$ Yes $\Box$ No $I_j$	yes please list:			
List allergies:					
	ave any special problems or needs?   statement describing the needs.	Yes □No			

Will the participant need to take medication while attending the center or center as If yes, please complete the following information. Medication: (type, dosage, and t	
Medication Waiver All medication must be in proper prescription bottles with instructions for the administrate. The medication sent to the center must contain only the daily dosage. Staff is not permitted there are any changes in the dosage, time frequency, or administration of the medication, responsibility to inform the staff in writing.	ted to accept any larger doses. If
The undersigned does hereby acknowledge that the instructions on the pharmaceutical corto allow the City of Arlington's staff to assist, if necessary, in the administration of the move any claim against the City of Arlington or its staff.	
I do hereby signify by my initials that I give permission for the participant_ to be transported by City of Arlington staff to scheduled off-site program trips.	
Photo Release:  I do hereby signify by my initials that I understand photographs taken during Park be used by the City of Arlington Parks and Recreation Department for promotion	
AUTHORIZATION AND RELEASE FORM	
KNOW ALL BY THESE PRESENTS: By signing below as "RELEASOR", and in consideration of the privilege of participating in any C ("CITY") activity or in consideration of renting or using any CITY personal, real, or any other prochild or children, my heirs, executors, representatives, administrators, and assigns, hereby release, harmless CITY and all of its officers, officials, agents, employees and invitees, in both their public against any and all liability, claims, suits, losses, damages and causes of action, including all exper for death, injury to, or debt of any person, or of loss of, damage to, or loss of use of any property at the above described rental or CITY activity. Such indemnity shall apply whether the claims, suits, or liability, arise in whole or in part from the consequences of CITY'S own negligence where that injury, death, or damage. CITY is responsible for its own sole negligence provided, however, CIT action or inaction to render assistance in the event of property damage or personal injury.	perty, I do for myself and my minor indemnify, defend and hold and private capacities, from and uses of litigation and/or settlement rising out of or in connection with losses, damages, causes of action negligence is a concurring cause of
RELEASOR understands that this waiver of liability and indemnification is intended to be as broad permitted by the laws of the State of Texas and that if any portions is held invalid, then the balance and effect. It is further understood that execution of this waiver of liability and indemnification wi of the defense of governmental immunity, where applicable, or any other lawful defense. RELEAS indemnification voluntarily and with full knowledge of its meaning and significance.	e shall continue in full legal force ill not constitute a waiver by CITY
List Minor Children	
Signature of Participant/Parent/Guardian	Date
The undersigned does hereby acknowledge to have read and understand all this document, and to have approved all releases, permits and waivers contain	
Signature of Participant/Parent/Guardian	Date