



JUNIOR GOLF & SPORTS SUMMER CAMP(2019)

THE DAVID LEADBETTER GOLF ACADEMY

FORWARD TEES: AGES 7-12
5 day program: Monday-Friday
Level 1: Front 9
Fundamental Instruction

Dates:
June 3-7, June 17-21, July 15-19,
July 29-August 2

FORWARD TEES: AGES 7-12
5 day program: Monday-Friday
Level 2: Bear Trap
Skill Development

Dates:
June 10-14, June 24-28, July 8-12,
July 22-26, August 5-9

PGA National Summer Junior Golf Camp presented by the Leadbetter Golf Academy includes: motor pattern & calisthenics exercises, competitive sports games, swimming, exposure to our 4 championship golf courses, performance & fitness training on course evaluation & training and state of the art technology including V1 Pro Video Analysis, Trackman and Sam Putt Lab! Come join the best camp and have the most FUN you can have either rain or shine and build a foundation to success!

9am to 3pm and rate: \$495.00 per 1 week session includes Lunch each day.

Extended hours from 3 to 5 available for \$10.00 per day per child.

Junior's Name:

Age:

Program Dates:

Guardian Name:

Phone:

Email:

Days For Extended Hours:

Mailing Address:

Member #:

RM #:

Referred to By:

***DISCOUNTS AVAILABLE:**

MEMBER 10%

LOYALTY/SIBLING 10%

*Waiver/Indemnification: Parent or legal guardian must sign below before golfer is accepted in any and all DLGA Summer Programs: As parent/legal guardian of the child named herein, I hereby represent that the child has been examined by a pediatrician and is physically fit to participate in Summer Golf Activities. I understand there are inherent risks in participating in this athletic program. I hereby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my child as a result of his/her participation in any DLGA Summer Program. I further agree to indemnify and hold harmless PGA National Resort & Spa, DLGA, its agents, servants, employees and/or representatives from any and all liability, damage, cost or expense arising out of my child's participation, of every kind of nature, in Summer Program activities/events. In the event that I cannot be reached in an emergency, I hereby give permission for care to be administered by a qualified staff member, EMT, physician/staff of hospital or any other qualified individual to provide any medical treatment deemed necessary.

Signature of parent/legal guardian:

Date:

RETURN TO: David Leadbetter Golf Academy (LGA)

ATTN: Rita Carroll

400 Avenue of the Champions, Palm Beach Gardens, FL 33418

Phone: 561.622.2674





PGA NATIONAL RESORT & SPA

CREDIT CARD BILLING AUTHORIZATION FORM

This is your authorization to bill my credit card number as follows:

MasterCard Visa American Express Discover
 Diners Card Other _____

Card Number: _____ Exp. Date: _____ 3-Digit Code: _____

Name as it appears on card: _____

Phone: _____

Billing Address:

List Name(s) of Campers:

Amount: _____

Cardholder's Signature: _____ Date: _____

FAX FORM TO: 561.622.1651

400 Avenue of the Champions, Palm Beach Gardens, FL 33418
Phone: 561.518.8392