

Golf Enrichment Class

Session 1 starts Thursday, November 2



WHO: All children ages 3 & up (MUST be completely potty trained to participate)

WHERE: onsite at CEC

WHEN: Thursdays from 12 p.m.-2 p.m.

November 2—December 14

COST: \$150 for the 6 week session

Students should bring their lunch (nut free) and a drink.

Sportz4Life is a fun new and exciting **KIDS GOLF** after school enrichment program taught on site at your school by some of Virginia's best coaches! Perfect for kids ages 3-10. Our golf classes utilize technology for younger kids like:

- Age appropriate smaller light weight clubs
- Zero compression foam balls
- Kid age pitching and putting greens

CHILD'S NAME: _____ Gender: _____ AGE: _____ DATE OF BIRTH: _____

Has your child played Golf or Tennis before? _____

Has your child played other sports before? If so, which sports?

Is your child right or left handed? _____

Mom's name: _____ Cell Phone: _____

Email: _____

Dad's Name: _____ Cell Phone: _____

Email: _____

Mailing Address: _____

PARENT SIGNATURE (Required): _____

(Your signature acknowledges you agree to the waiver below)

Waiver/Indemnification

Parent or legal guardian must sign below before acceptance into program. As parent/legal guardian of the child named herein, I hereby represent that the child has been deemed physically fit by his/her pediatrician to participate in golf/tennis instruction. I understand that there are inherent risks in participating in this athletic program. I acknowledge that no refunds will be offered once I enroll my child. I understand no refunds will be offered after I complete my enrollment below. 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 the golf/tennis instruction. I further agree to indemnify and hold harmless Sportz 4 Life, LLC and any of their coaches from any and all liability, damage, cost or expense arising out of my child's participation of every kind and nature. In the event that I cannot be reached in an emergency, I hereby give permission for the care to be administered by Sportz 4 Life, LLC staff, EMT, physician / staff of hospital or any other qualified individual to provide medical treatment deemed necessary for my child. I also give permission to communicate with me via text and email and to take pictures and/or videos of my child for advertising and marketing purposes.