

2017 Sammons Junior Golf Academy



Registration begins May 13th

Academy Sessions:	
Week 1	June 5-7
Week 2	June 19-21
Week 3	July 10-12
Week 4	July 24-26
Ages 6 to 10	
Session 1: 8:00-9:30 Session 2: 9:30-11:00	
Ages 11 to 17	8:30 to 11:00

Whether your child has been playing for years or has never swung a club before, the Sammons Academy is the perfect opportunity to teach them the game of golf. Kids ages 6 to 17 will learn the skills, rules, and beauty of the game.

Upon graduation from the Academy, students will receive a SJGA polo style shirt, and a SJGA hat.

Please register your child in person at Sammons Golf Links located at 2727 W. Adams in Temple.

The cost for each session will be \$40 per student for children 10 and under and \$70 for children 11 to 17. Space is limited to the first 40 students for each session. To reserve your child's spot, fill in the required information on the back and return it to Sammons Golf Links with your registration fee.

For more information please contact Sammons Golf Links at 771-2030

Information provided in this flier is the private expression of the Temple Parks and Recreation Department providing the information and does not reflect the endorsement, sponsorship, position, or expression of any Independent School District.

Sammons Golf Links Junior Golf Academy Registration Form

Participant's Name	Last	First
Address		
Grade/School		
Home Phone/Cell		
Birthdate/Age		
Gender	Male	Female
Bilingual	Yes No	What Language?
Shirt Size		

Parent Name: _____ Place of Employment: _____ Home Phone: _____ Work Phone: _____ Cell/Pager: _____ Email: _____

Parent Name: _____ Place of Employment: _____ Home Phone: _____ Work Phone: _____ Cell/Pager: _____ Email: _____

Doctor: _____ Bus. Phone: _____ Preferred Hospital: _____

Does the participant have allergies? _____ Yes _____ No If Yes, What type:			
Type of Allergy _____ Bee Sting _____ Bunker Sand _____ Poison Ivy	Life Threatening _____ _____ _____	Type of Allergy _____ Drugs _____ _____ Foods _____ _____ Other _____	Life Threatening _____ _____ _____
Please explain allergy in detail and what symptoms occur: _____ _____			

The participant is currently on medication(s) for long-term or continuous use and /or has the following preexisting illness, allergies, or health concerns: _____ _____

I do hereby release, absolve, indemnify and hold harmless the City of Temple, its employees, officers and agents and the volunteers and other participants who participate in the activity, in the event of any accident, injury or death sustained by the participant while being transported to or from any activity, or while participating in any activity at the activity, from any liability of any kind whatsoever.	
I also give permission for any photographs taken during these activities to be utilized for promotional purposes by the City of Temple and the Parks and Leisure Services Department now and in the future. I do hereby give my approval for participation by the participant in any and all of the programs activities.	
Signature _____	Date _____