

DIRECT IMPACT GOLF

Junior Golf Academy

DIG Junior Golf Academy has programming for every age and skill level with focus on fundamental skills, USGA Rules of Golf, and etiquette in a structured, informative, and 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.

- The Annual Academy Dues (\$75 will be charged at the beginning of the fall and spring semester). This goes towards shirts, hats, bag tags, golf balls, possible outerwear, and equipment for classes
- Skill level/Badge testing will take place during class throughout the year. (6 tag levels/9 Badges)
- Initial classes will be open to all ages and skill levels. Classes will be divided into smaller groups based upon age and/or skill level.

Ages/Skill Level	Days	Times	Group Size
6-15 Beginner - Advanced	Monday - Friday	4:00	18
		5:00	18
		6:00	12

- 4 classes/month \$200
- 8 classes/month \$360
- Drop in (each time) \$60
- Annual DIG JGA Dues \$150
 - **\$75 Due at beginning of each semester*

**For questions concerning lessons or programming, please contact
Direct Impact Golf Staff**

(469) 966-GOLF
www.dig.golf
juniorgolf@dig.golf

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DIRECT IMPACT GOLF

Junior **Golf** Academy Registration

Scan code

Sign up for Pike 13 Account

Register for classes 24hrs in advance, for next week, for the month, or
for the semester

Must register for each class you plan to attend



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September 2022 – May 2023 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 Direct Impact Golf (469-966-GOLF or juniorgolf@dig.golf) as soon as possible.
2. I am registering to attend the agreed upon number of classes; if there is a conflict, I will still be responsible for the agreed upon price. If a class is rescheduled or canceled by the Direct Impact Golf JGA, only then will there be compensation in the form of a make-up class, prorated amount for future billing, or another compensation I agree upon with a member of the Direct Impact Golf JGA staff.
3. I understand *I am required to keep an up to date credit card on file* with Direct Impact Golf and my credit card will be charged at the beginning of each month. (The information kept on file is confidential and protected.)

Billing Information

Card Type: Visa Master Card AMEX Discover
Circle One

<u>Shirt Size</u>			
Youth:	SM	MD	LG XL
Adult:	SM	MD	

Card #: _____ Exp: _____ Sec. Code _____

	<u>Pricing</u>
4 classes/month	\$200 _____ initials
8 classes/month	\$360 _____ initials
Drop in (each time)	\$60 _____ initials
Annual DIG JGA Dues (\$75 Due at beginning of each semester)	\$150 _____ initials

**Please initial all that apply (Ex. If you wish to participate 1 day a week, please initial '4 classes/month \$200'.) EVERY student participating in the Direct Impact Golf Junior Golf Academy will be billed the \$150 Annual JGA Dues in two payments of \$75*

4. Respect all competitors, other Direct Impact Golf students, 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, and Direct Impact Golf, LLC

Parent / Guardian (printed)

Student (printed)

Parent / Guardian (signature)

Student (signature)

Date

Date

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Direct Impact Golf, LLC (DIG)
ACTIVITY REGISTRATION - MINOR

Participant: _____

Address: _____

City | State | Zip: _____

Parent/Legal Guardian: _____

Phone Numbers: Cell: _____ Work: _____

Email: _____

Emergency Contact: _____ Relationship: _____

Phone Numbers: Cell: _____ Work: _____

**Optional*

Emergency Contact: _____ Relationship: _____

Phone Numbers: Cell: _____ Work: _____

“Activity”: Direct Impact Golf Junior Golf Academy to include both the After-School Junior Golf Program and the Junior Golf Program at Direct Impact Golf (“DIG”) from September 2022 – May 2023.

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 DIG 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 DIG’s negligence, design of the facility and/or equipment, or from any third party.

Release and Indemnity: In exchange for DIG 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, DIG, its 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 DIG’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 DIG’s premises and including any transportation. It is the intention of the parties hereto that I will indemnify and protect DIG and Released Parties from the consequences of acts or omission of DIG 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 DIG and Released Parties that arose by, through, or under Participant, in whole or in part.

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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 DIG 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 DIG and the person in charge of the Activity. I further agree to release and hold harmless DIG, 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 DIG to use, without limitation or obligation, photographs, film footage, or tape recordings that may include participant's image or voice for purposes of promoting DIG'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/LegalGuardian:_____

Print Name:_____

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 _____

If "other", please explain: _____

If Needed, List Required Medications and Dose Amounts: _____

Special Conditions/Needs: _____

Names of people to whom the Participant may be released.

_____ Phone: _____

_____ Phone: _____

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

Parent/Legal Guardian Signature: _____

Print Name: _____ Date: _____

Cell: _____ Work: _____