



Benefits of golf: The game of golf can be enjoyed across the lifespan, helping youth increase confidence, perseverance and improve judgment as they learn techniques of the game. Instruction will include: putting, chipping, driving, short game, course etiquette and more.

2017 Junior Golf Program



What: Basic golf instruction provided in small groups by Professional Golf Pro, Butch Holtzclaw
Who: Youth and young adults with ASD ages 8-29
Where: The Rookery South, Rt. 1, Milton DE
When: Sept. 11-Oct. 11
How: 30 minute sessions at 4:30 or 5:15 on Monday and Wednesday weekly for 5 weeks, parent or guardian participation required
Cost: FREE, thanks to The rookery and a grant from The Philadelphia Foundation and The Greater Philadelphia PGA

REGISTRATION FORM—COMPLETE AND RETURN TO Gail Hecky at AUTISM DELAWARE LEWES BY AUGUST 25TH

Choose the session you would like to attend and answer **all the questions** below. Once schedules are confirmed, you will be notified, on or before September 1st.

Name of Junior Golfer: _____ Age: _____

If youth is 18 or older, are they their own legal guardian? Yes No (if no, include name of legal guardian below)

Name of Parent/legal Guardian: _____

Address: _____

Phone (number used in case of weather cancellations): _____ Email: _____

Past Participant: No Yes: Year(s) _____ Jr. Golfer height: _____ Jr. Golfer has own clubs? Yes No

Jr. Golfer Diagnosis: Autism Spectrum Disorder Asperger's Other: _____

T-shirt size (circle): Youth small Youth medium Youth Large Adult small Adult medium Adult large Adult XL XXL

Golfers will be assigned on a first-come basis as completed applications are received. Every attempt will be made to give you your first or second choice. Your child will be assigned to one of the groups below based on your preferences and availability. Please rank your choices of times, 1 for first choice, 2 for second choice, and 3 for third choice.

5 weeks from Sept. 11—October 11

Mondays: _____ 4:30 _____ 5:15 (September 11, 18, 25 and Oct. 2, 9)

Wednesdays: _____ 4:30 _____ 5:15 (September 13, 20, 27 and Oct. 4, 11)

Parent/legal guardian must also complete and submit the attached **2017 Consent to Participate** form.

Junior Golf Program at The Rookery, Milton with Coach Butch Holtzclaw

J 2017 Consent to Participate

Print Name of Youth: _____ DOB: _____

Print Name of Parent/Caregiver/Legal Guardian: _____

Please arrive on time and we suggest that you bring a water bottle, sunscreen, and bug spray to each Jr. Golf session. You may also want to bring sunglasses and a cap for your child in case he/she needs them.

By signing below, I give my consent for my child, _____,

to participate in the Jr. Golf program with Autism Delaware and The Rookery. I agree to commit to all sessions unless there is an emergency or scheduled vacation. I agree to alert Autism Delaware by August 28, 2017 to any sessions that I am aware of that my child will miss due to vacation or conflicts known in advance. I agree to call Autism Delaware's Lewes office (644-3410) as soon as possible the day of a session if my child will not be able to attend that session due to illness or emergency. We value The Rookery's time and expertise in providing this program, and we also understand your family's needs for scheduling summer vacations and other activities.

In case of weather conditions preventing the class from meeting, an additional day of instruction will be scheduled as determined by Coach Holtzclaw and the class members affected. On the day of each session, if there are **weather issues**, Coach Butch and Autism Delaware staff will make a decision about holding the class. If canceled, families will receive a phone call and may also call the Lewes office (644-3410) and choose the option to hear a recording about weather related cancelations.

The undersigned agrees to indemnify and hold harmless Autism Delaware, The Rookery, Butch Holtzclaw, their affiliates, officers, employees, and representatives from and against any losses, costs, damages, and expenses resulting from injury to junior golf participants or participants' property damage arising out of the junior golf program. I understand that if an incident occurs as a result of my child's actions, intentional or unintentional or otherwise, resulting in breakage, damage, or destruction of property or equipment, during the Autism Delaware Jr. Golf Program at The Rookery, I will be held liable for the amount necessary to repair or replace the property or equipment damaged or destroyed.

I give my permission (both during and after) for Autism Delaware to take photographs and use the Jr. Golfer's name and likeness, voice, photograph, or works, in media releases and promotional materials for the purpose of communicating the mission and activities of Autism Delaware. A critical requirement of this program is that parents stay and supervise and assist their children throughout the entire session. I agree to remain with my child at all times during Jr. Golf sessions.

Jr. Golfer Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____



Helping People and Families Affected by Autism