

Gopher Golf

WithinRange
Golf Centres Inc.



FOR KIDS (AGES 5-9) SPRING/SUMMER 2016

In the Gopher Golf for Kids program we will introduce students to the fun and enjoyment that the game of golf provides. Using SNAG (Starting New At Golf), the Learn-to-Play and Play-to-Learn systems and equipment, Gopher Golf for Kids classes will be delivered 50 minutes in length with a student-to-instructor ratio of 4:1. C-Swing professional staff and instructors will coach each of the following golf fundamentals:

- Grip
- Aim & alignment
- Stance
- Posture

All Gopher Golf for Kids skills will be taught in a fun, friendly, play-based learning environment during these 6-week Sessions.

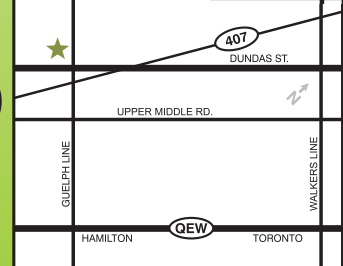
SESSION	DAYS	TIMES	DATES
SPRING #1	Tues	4:00pm	April 5 - May 10
SPRING #1	Wed	4:00pm	April 6 - May 11
SPRING #1	Thurs	4:00pm	April 7 - May 12
SPRING #1	Sat	10:00am	April 2 - May 7
SPRING #1	Sun	10:00am	April 3 - May 8

SESSION	DAYS	TIMES	DATES
SPRING #2	Tues	4:00pm	May 17 - Jun 21
SPRING #2	Wed	4:00pm	May 18 - Jun 22
SPRING #2	Thurs	4:00pm	May 19 - Jun 23
SPRING #2	Sat	10:00am	May 14 - Jun 25
SPRING #2	Sun	10:00am	May 15 - Jun 26

SESSION	DAYS	TIMES	DATES
SUMMER	Tues	4:00pm	July 12 - Aug 16
SUMMER	Wed	4:00pm	July 13 - Aug 17
SUMMER	Thurs	4:00pm	July 14 - Aug 18
SUMMER	Sat	10:00am	July 9 - Aug 20
SUMMER	Sun	10:00am	July 10 - Aug 21



LOCATION: WithinRange Golf Centres Inc.



PRICING

Each Session is 6 classes

\$172.57
+tax
Per Session



Registration available online at

WWW.WAVEHOCKEY.CA

or at Wave Twin Rinks.

Contact Jay Bondy @ 289-208-0297
or kmacdonald@wavehockey.ca



REGISTRATION FORM (Please print)

Once completed, please fax to 905-336-9311 or drop off at Wave Twin Rinks (1179 Northside Rd, Burlington, ON L7M 1H5)

GOPHER GOLF FOR KIDS - SPRING/SUMMER 2016

Participant's Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Participant's Date of Birth (yyyy/mm/dd): _____ / _____ / _____ Sex: Male Female

E-mail: _____

How did you hear about this program?: _____

Which Session(s) are you registering for?:

	SESSION	DAYS	TIMES	DATES
<input type="checkbox"/>	SPRING #1	Tues	4:00pm	April 5 - May 10
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Pricing: (Per Session, 6 classes) **\$195.00 All-in**

Payment Options: Cash Cheque (Payable to Conacher Athletics Club) Visa MasterCard

Credit Card #: _____ Expiry: _____ / _____ 3-digit CV Code: _____

REGISTRATION CANCELLATIONS ARE SUBJECT TO A \$50 SERVICE CHARGE. NO REFUNDS AFTER FIRST SCHEDULED CLASS.

THE UNDERSIGNED IS RESPONSIBLE FOR THE CONDUCT OF THE PLAYER WHILE PARTICIPATING IN THIS PROGRAM. THE PLAYER SHALL BE GOVERNED BY THE RULES ESTABLISHED BY WAVE HOCKEY INC. MISSED CLASSES WILL NOT BE REIMBURSED. IT IS UNDERSTOOD THAT THE UNDERSIGNED PERSON OF LEGAL AGE OR LEGAL GUARDIAN SHALL NOT HOLD WAVE HOCKEY INC. OR THEIR INSTRUCTORS, ADMINISTRATORS, OFFICIALS, OR THE FACILITY USED LIABLE IN THE EVENT OF INJURY OR LOSS IN ANY MANNER WHATSOEVER. I SPECIFICALLY WAIVE, GIVE UP AND RELEASE WAVE HOCKEY INC., ITS RELATED COMPANIES AND THEIR STAFF FROM ALL LIABILITY FOR ANY CLAIM FOR DAMAGES WHICH I MAY HAVE RELATING TO INJURIES OR ILLNESS THAT MY CHILD MAY SUSTAIN. BY SIGNING THIS WAIVER, I ALSO CERTIFY THAT MY CHILD IS IN GOOD HEALTH, WITH NO CHRONIC ILLNESS OR ABNORMAL TENDENCIES. THE PLAYER LISTED ABOVE IS REGISTERED UNDER THE CARE OF THE UNDERSIGNED AND ASSUMES ALL RISKS THROUGH ENROLLMENT IN THIS PROGRAM WHICH CONSISTS OF PHYSICAL INTERACTION CAPABLE OF INJURY. I HAVE READ AND UNDERSTAND ALL ITEMS ON THIS PLAYER FORM. I UNDERSTAND THAT MY EMAIL ADDRESS WILL BE USED FOR COMPANY RELATED COMMUNICATIONS. I THE UNDERSIGNED AGREE TO ALLOW WAVE HOCKEY INC. AND/OR ITS RELATED COMPANIES TO USE THE PARTICIPANTS' NAMES AND OR PICTURES FOR ADVERTISING PURPOSES.

Parent/Guardian Signature: _____ Date: _____