Cedar Valley SportsPlex 2023 Youth Golf

Registration Begins: February 3, 2023



Where active lifestyles take shape 300 Jefferson St., Waterloo IA 50701 (P) 319-291-0165 www.CVSPortsplex.org



Golf Academies - Ages 8-14

The program is designed strictly for **BEGINNING** golfers. Golfers will be taught the basic fundamentals to get them started and achieve success. The class will focus on the proper mechanics of the golf grip, golf swing, putting and chipping. Successful completion of this program includes a Waterloo Junior Morning Golf Pass for the 2023 season (\$10 value). Sessions are limited to the first 24 participants.

Gates Golf Academy

Led by PGA Professional Nate Lubs &

Monte Meyer

Dates: April 25th-27th, 2023

Fee: \$10

Registration Deadline: April 21, 2023

Phone: 291-0165 **Times & Program #**: 4:30 8-10 year olds: 020 5:30 11-14 year olds: 021

Irv Warren Golf Academy

Led by PGA Professional Nate Lubs &

Monte Meyer

Phone: 291-0165

Dates: May 2nd-4th, 2023

Fee: \$10

Registration Deadline: April 28, 2023

Times & Program #: 4:30 8-10 year olds: 022 5:30 11-14 year olds: 023

South Hills Golf Academy

Led by PGA Professional Nate Lubs &

Monte Meyer

Dates: May 9th-11th, 2023

Fee: \$10

Registration Deadline: May 5, 2023

Phone: 291-0165 Times & Program #: 4:30 8-10 year olds: 024 5:30 11-14 year olds: 025

PGA Jr. League is a game-changing opportunity for boys and girls to learn and play golf. The program brings family and friends together around fun, team golf experiences with expert coaching from PGA Professionals.



Find more information at www.pjajrleague.com or www.golfwaterloo.com

Scholarships are available. Please contact Nate Lubs (319-291-4485) or Monte Meyer (319-291-4268) with questions or e-mail at golfwaterloo.info@gmail.com

The Waterloo Junior Golf Association (WJGA) is a junior golf program for young people between the ages of 12-18 who wish to play and enjoy the game of golf.

Find more information at https://www.golfgenius.com/pages/7216417717392267092

Please contact Kenton Engels (319) 939-4006 or email at wjgagolf@gmail.com with any questions





Print Name of Parent, Guardian or Participant (Under 18)

Register online, email or return form to: 300 Jefferson St. Waterloo, IA 50701 319-291-0165 <u>www.cvsportsplex.org</u> leisure.services@waterloo-ia.org

Parent's/Guardian's Name				Email			
Address				City Zip			
Phone: Home				Cell Work			
CVSP is committed to inclusion. Doe	s your child requi	re any n	nodifications	to help hi	m/her be successful?		
Participant's Name (Last, First)		M/F	Birth Date	Current Grade	Program #	Program Name	Fee
			/ /				
			1 1				
			1 1				
							OTAL \$
Method of Payment ☐ Cash ☐ Check						*FOR OFFICE U	
☐ Visa ☐ Mastercard ☐ Discover	Card Number				——————————————————————————————————————		
	Exp. Date (Mor	nth/Year	r)		CVV	Date Received Staff Initials:	
Recreation activities are intended to challer tion, medical advice, conditioning and equi ards and dangers can be foreseen. Dependir ping, falling, poor skill level or conditionin sion, instruction or officiating, and all other impossible for Waterloo Leisure Services a WAVIER AND RELEASE OF ALL CL. Please read this form carefully and be awar waiving and releasing any and all claims fo program (including transportation services/ As a participant in the program, I recognize including death, damages or loss regardless all claims my minor child/ward or I may ha Valley SportsPlex, including officers, offici I further agree to indemnify and hold harm and/or medical personnel any treatment demedical services rendered. PHOTO POLICY: The Waterloo Leisure and Cedar Valley SportsPlex activities, clasuse in future program magazines, brochures REFUND POLICY: Refunds are issued in Approved refunds prior to the start date will after the first meeting will be charged a \$10.	pment, there is still a g on the particular a g, carelessness, horse circumstances inhered the Cedar Valley AIMS AND ASSUM to that in signing up a r injuries, damages of vehicle operation, which and acknowledge the of severity which move (or accrue to me als, agents, voluntee less and defend Watermed necessary for respectively. Services and Cedar Servic	a risk of sactivity, peplay, unrent to in SportsPl MPTION and particor loss when provent there are minor or my chers, independent of the period Leion Walley Spany takes ture, web or cancellministra	serious injury waterious injury waterious injury waterious mutasportsmanlike door and outdoex to guarantee OF RISK cipating in the inich you or you ided). are certain risk child/ward or a right indid/ward as a rendent contract sure Services at rehild's/ward's cortsPlex may be photographs of sites, or for use illed by the Spotion fee. Refun	when particist understar conduct, proper recreations absolute so dentified pur minor chies of physical may sustain result of partors, instructions immediate wideo tape of people in the on cable torts Departness may not	pating in any recreational that certain risks, dangemises defects, inadequal on activities/programs existed. Togram(s), you will be existed with the existed and injury and I voluntarily in as a result of said participating in the program extors, servants and employ/alley SportsPlex staff to be care and I agree that I wortake photographs of pathe City of Waterloo parelevision. The existed after team assigned.	all activity/program. Understandably ters and injuries due to inclement we te or defective equipment, inadequalst. In this regard, it must be recognized assuming the risk and legal ising out of or as a result of the act or agree to assume the full risk of an against Waterloo Leisure Services were from any licensed hospital, will be responsible for payment of riticipants enrolled in Waterloo Leiks. These photographs and/or videout reasons must be submitted in wrignments have been made. Refunds	y, not all haz- veather, slip- ate supervi- nized that it is I liability, ivities of this y injuries, nd relinquish and Cedar physician, any and all sure Services tapes are for ting. approved
has been denied, you will be contacted by a If registering online, via phone or email, full understand the above important info	a staff member from my facsimile signat	the Leis ture shal	ure Services D I substitute fo	epartment.	All refunds will be maile the same legal effect as	ed within three weeks. an original form signature. I have	ve read and
X Signature of Parent, Guardian or Participant	(Under 18)			Date			

Date