

# Central Family YMCA

## Anytime Golf

Anytime Golf is a program for children ages 4–12 years old. The program is designed for children to have fun, learn the fundamentals of golf and at the same time learn character–building lessons.

Anytime Golf’s curriculum is set up for students to have FUN, learn the fundamentals of golf and character development. Students have fun with the interactive play, training aids and games at the same time developing motor skills to enhance their ability to learn the fundamentals of golf. The curriculum is set up to teach sound fundamentals, which includes grip, aim, set–up, swing, as well as rules of golf and golf etiquette. The character building lessons that are covered in classes are: honesty, respect, persistence, confidence, self–control and friendship. The Anytime Golf program prepares students for playing on the golf course and in life.

Christ St. Amant, the owner and program instructor of Anytime Golf is a graduate of The Golf Academy of the South with a degree in Golf Complex Operations and Management. He has worked for various country clubs and the PGA including their Tournament Players Clubs at Avenel and at Sawgrass. Chris has taught many adult and junior golf clinics around the country.

### Program Information

**Costs:** \$90 for members, \$115 for non–members

**Age Groups:** 4–8 years old

**Registration Dates:** August 1<sup>st</sup> – August 9<sup>th</sup>

**Times:** 4:45–5:30pm next to the YMCA

**Dates:** September 9<sup>th</sup>, 16<sup>th</sup>, 23<sup>rd</sup>, 30<sup>th</sup>, October 7<sup>th</sup> and 14<sup>th</sup>

### Program Questions

**What equipment is needed?** Equipment is provided by Anytime Golf is suited for child’s age group

**Who teaches the golf lessons?** Classes are taught by dedicated; caring professionals who are passionate about helping children learn the game of golf.

**What if we cannot afford the cost?** Financial assistance is provided through our Open Doors Policy

All checks must be made out to the Central Family YMCA. To further inquire about the program please contact Chris St. Amant at [sta1752@bellsouth.net](mailto:sta1752@bellsouth.net) or the Sports Director, Joel Zendel at 721–2100 , ext. 2080 or email at [j.zendel@ymcanwnc.org](mailto:j.zendel@ymcanwnc.org). Financial Assistance is available thru our Open Doors Policy.

*Our Mission: Helping people reach their God–given potential in spirit, mind and body.*



**YMCA of Northwest North Carolina  
Central Family YMCA Branch  
Registration for 2008 Anytime Golf Program  
(Please Print)**

PLAYER \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Nickname \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

SPORT: \_\_\_\_\_ # Years Participated in this Sport: \_\_\_\_\_ Member: \_\_\_\_\_ Non-member: \_\_\_\_\_

SHIRT SIZE: Youth: \_\_\_\_\_ Sm (6-8) \_\_\_\_\_ Med (10-12) \_\_\_\_\_ Lg (14-16)

SCHOOL CHILD ATTENDS: \_\_\_\_\_ GRADE: \_\_\_\_\_

Special Needs/Comments/~~Days you~~ **CANNOT PRACTICE:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zipcode \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell/Pager \_\_\_\_\_

PRIMARY E-MAIL ADDRESS: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

**Request for Permission:** I, the above referenced youth athlete's parent/guardian, hereby register my child to participate in the above listed sport.

**Assumption of Risk of Injury:** I acknowledge and understand that there is a risk of injury involved in athletic participation. I understand that my child will be under the supervision and direction of a Branch volunteer youth coach. I agree to follow the rules for the sport and the instructions of the coach in order to reduce the risk of injury to my child and other athletes. However, I acknowledge and understand that neither the volunteer youth coach nor the Branch can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. I freely, knowingly, and willfully accept and assume the risk of injury that might occur from my child's participation in youth athletics.

**Release:** In consideration of the Central Family YMCA allowing my child to participate in youth athletics, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of myself and any other parent or guardian of my child, the Central Family YMCA, the YMCA of Northwest North Carolina, Inc. and their respective volunteer youth coaches, officials, agents, employees, directors, members, officers and other staff members from liability to us and our child, as well as personal representatives, assigns, heirs and next of kin, for any and all claims, suits or causes of action arising from or out of any injury, known or unknown, to property or body, that my child may suffer from participation in YMCA athletics, activities, field trips or the above-described sports activities; and do hereby expressly assume the risk of injury associated with participation in said sports activities.

**Photographs.** Photographs will occasionally be taken of the children during the sports activities. By signing this registration form, I consent to the use of pictures of my child for displays, brochures, and promotional materials with no compensation to me or my child. **Parent Initials:** \_\_\_\_\_

**Transportation: Parents are responsible for providing transportation for their child to and from practice sessions and games.**

**Certification of Child's Fitness and Medical Authorization:** I, the undersigned, hereby certify that to the best of my knowledge, my child is physically able to safely participate in the sports activity for which he or she has been registered.

In addition, I understand that in the case of the illness or injury of my child the Branch will try to notify me or the emergency contact listed on this form. In the event of a medical emergency concerning my child at a time when either I or the emergency contact person cannot be notified, I hereby authorize Branch officials or my child's coach to obtain the necessary medical care and/or treatment for my child, including, but not limited to first aid, X-ray examinations, and aesthetic, medical or surgical diagnosis or treatment or hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or treatment.

**Name of insurance company:** \_\_\_\_\_ **Insurance Policy Number:** \_\_\_\_\_

If your child has any allergies, asthmatic conditions or the like which the Branch should be aware, please list: \_\_\_\_\_

**IN WITNESS WHEREOF,** I have executed this Permission, Waiver/Release and Medical Certification for with full knowledge of its contents on this the \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Print Parent/Guardian Name \_\_\_\_\_

**Please Note: If you are willing to participate as a volunteer in support of this program, please check one (1) or more of the following:**

Coach  Assistant Coach  Referee  Character Development Leader

**For Office Use Only:**

Date Registered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Registered By: \_\_\_\_\_ Amount: \_\_\_\_\_