



# at VISTA RIDGE

## Junior Development Program

*Group 1- all Elementary School players      Group 2 - Middle/High school players.*

*All players will be evaluated in their groups and sub-grouped based on ability level, individual goals, and group dynamics.*

*Players are continually reassessed and evaluated to maintain the small group placement that best suits their level.*

**PLEASE RETURN ALL COMPLETED FORMS TO: [juniorgolf@hankhaney.com](mailto:juniorgolf@hankhaney.com) .**

***If you have any questions, you may contact us at 469-993-4916.***

***Once Registered, all group sessions must be reserved via [clients.mindbodyonline.com](http://clients.mindbodyonline.com)***

	<u>Group 1</u>	<u>Group 2</u>
MONDAY	4:30 – 6:00	6:00 – 7:30
TUESDAY	4:30 – 6:00	6:00 – 7:30
WEDNESDAY	4:30 – 6:00	6:00 – 6:30
THURSDAY	4:30 – 6:00	6:00 – 7:30
SATURDAY	10:30 – 12:00	9:00 – 10:30
SUNDAY	2:00 – 3:30	2:00 – 3:30

<b>CLASSES PER MONTH</b>	<b>COST</b>
5	\$125
9	\$200
12	\$250
20	\$300

**Enrollment Fee:** \$50

A one-time enrollment fee will be charged upon registration.

This fee will cover a 30 New Student Orientation/Eval that **MUST** be completed prior to your child attending their first class.

During this eval, you and your child will:

- Meet Instructors
- Check your child’s clubs for proper fit
- Tour facility
- Discuss Parent/Student expectations
- Go Over Drop-off/Pick-up
- Answer your questions

You will be contacted by Junior Golf Admin to schedule your child’s this appointment.

**Please complete and return the second page of this application to: [juniorgolf@hankhaney.com](mailto:juniorgolf@hankhaney.com)**

Location: **VISTA RIDGE**

Player Name: \_\_\_\_\_ Group: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_  
*(this will be your online acct login, will also be used for class reminders, cancellations, and jr. golf info)*

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Health/Medical concerns you feel we should know:  
\_\_\_\_\_

*I understand that my credit card will be charged the full amount for one (1) month of the Hank Haney Junior Development Program, unless otherwise noted and initialed on this form.*

*I understand that I will be charged a one-time enrollment fee of \$50 at the time of registration.*

*I authorize the Hank Haney Golf Ranch or its authorized agent, representative or designee to charge the credit card listed below for the amount in full.*

*I understand that my commitment will be renewed monthly, unless I provide a written notice five (5) days prior to the 1<sup>st</sup> of the month.*

Total Authorized Charges: One Time \$50 enrollment fee and monthly fee of \_\_\_\_\_

Number of Classes per month: \_\_\_\_\_ Cost of package per month: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Method of Payment:      Visa              MC              AMEX              Disc

Credit Card # \_\_\_\_\_

CVV Code: \_\_\_\_\_ Exp Date \_\_\_\_\_

Please call me to get my credit card info.