



## Junior Golf Program at The Rookery, Milton

with Coach Butch Holtzclaw

Autism Delaware is excited to announce that registration is open for our Jr. Golf program with Coach Butch Holtzclaw, Golf Pro at The Rookery South.

Who: Youth and young adults ages 7-25 with an autism spectrum disorder.  
Parent/caregiver needs to be present and involved in the small group instruction.

Where: The Rookery South, on Route 1 in Milton, DE

Session length: 30 minutes maximum; limited to 6 golfers per session

Schedule: Mondays 4:30 or 5:15 pm

**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.**

The program will again be free, thanks to the generosity of Coach Butch Holtzclaw and The Rookery. Equipment for this program will be provided by The Rookery, purchased through a previous grant provided by The Philadelphia Foundation and The Greater Philadelphia PGA.

Families- Weather cancelations information:

*On the day of each session, if there are weather issues, Coach Butch and Autism Delaware staff will make a decision about whether the session will be held or rescheduled. Families will then receive a phone call and will be able to call the Lewes office (644-3410) on the day of any session and choose the option to hear a recording about weather related cancelations. If the session is cancelled, the recording will state that the sessions have been cancelled.*

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2018 REGISTRATION FORM

**Please complete ALL sections of the form and return it by September 7, 2018 to:**

**Autism Delaware, Jr. Golf, Attn: Sarah Young**

**Email: sarah.young@delautism.org**

**Phone: 302-224-6020 x204 Fax: 302-224-6017**

Name of Junior Golfer: \_\_\_\_\_ Age: \_\_\_\_\_

If youth is 18 or older, are they their own legal guardian? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, who is his/her guardian? \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number to call if session cancelled due to weather : \_\_\_\_\_

Past Participant: \_\_\_\_\_ No \_\_\_\_\_ Yes: Year(s) \_\_\_\_\_

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

Jr. Golfer height: \_\_\_\_\_ Jr. Golfer has own clubs? \_\_\_\_\_ Yes \_\_\_\_\_ No

**T-shirt size:** \_\_\_ Youth small \_\_\_\_\_ Youth medium \_\_\_\_\_ Youth Large  
\_\_\_\_\_ Adult small \_\_\_\_\_ Adult medium \_\_\_\_\_ Adult large \_\_\_\_\_ Adult XL

You/your child will be assigned to one of the groups below based on your preferences and availability:

Please put a 1 beside your first choice, and 2 beside your second choice.

Mondays \_\_\_\_\_ 4:30 PM \_\_\_\_\_ 5:15 PM

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. Once schedules are determined we will contact you with confirmation of your schedule.



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### 2018 Consent to Participate

Print Name of Youth: \_\_\_\_\_ DOB: \_\_\_\_\_

Print Name of Parent/Caregiver: \_\_\_\_\_

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 yourself/your child in case he/she needs them.

By signing below, I give my consent for myself, or 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 September 7, 2018 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.

An additional instruction day has been scheduled in case of weather conditions preventing the class from meeting. On the day of each session, if there are **weather issues**, Coach Butch and Autism Delaware staff will make a decision about holding the regular class. If canceled, families will receive a phone call and may 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, name, 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/Guardian Signature

\_\_\_\_\_  
Date