



## Application for Admissions 2010/2011

### Application Instructions:

1. Please print legibly and in ink.
2. Return the completed application to the address below with a \$50.00 US application fee (taxes included). Incomplete applications may be refused, or processing may be delayed.
3. Make check from US dollar account or US money order payable to the 'Core Golf Junior Academy'. Do not send cash.
4. Please send application and payment to:

Core Golf Junior Academy  
16301 Phil Ritson Way  
Winter Garden, FL 34787 USA  
Attention: Jeff Hay

Please check beside the appropriate statements:

I wish to attend the CGJA for:

A full year with residence \_\_\_\_\_

A full-year without residence \_\_\_\_\_

One semester with residence \_\_\_\_\_

One semester without residence \_\_\_\_\_

If one semester, which semester would you like to attend: Fall (Aug-Dec'10) \_\_\_\_ Winter (Jan-May'11) \_\_\_\_

For pro-rated or modified programs please contact the CGJA's Director of Operations Jeff Hay directly at 407-592-8236 or via e-mail at [jhay@coregolfacademy.com](mailto:jhay@coregolfacademy.com).

Check one of the following:

I will be attending high-school \_\_\_\_\_ or I am a post-graduate \_\_\_\_\_

## **Applicant Information**

Last Name	
First Name	
Date of Birth	
Gender	
Address: Number & Street	
City	
Province/ State	
Country	
Postal Code/ Zip Code	
Telephone	
Fax	
E-mail	
Country of Citizenship	

## **Family Information**

Parent/Guardian (Father)	
Email Address	
Phone	
Cell Phone	
Address: Number & Street	
City, Province/State, Postal Code/Zip	
Parent/Guardian (Mother)	
Email Address	
Phone	
Cell Phone	
Address: Number & Street	
City, Province/State, Postal Code/Zip	
If parents are separated or divorced:	
Who has legal custody of applicant?	
With whom does the applicant reside?	

**General Information**

(To be completed by the applicant)

What are your short term and long term academic goals?

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What are your short term and long term golf goals?

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Why are you applying to the CGJA and what do you hope to gain from your experience?

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How and at what age did you become involved in golf?

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**Medical Information**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Does the applicant have any health issues that may limit physical activity? If YES please explain.

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Is the applicant currently under the care of a Physician? If YES please explain.

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Has the applicant consulted a psychiatrist and or psychologist? If YES please explain.

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Is the applicant on any medication program? If YES please explain.

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Has applicant been involved with any law enforcement agency, or been treated for drug, alcohol or other substance abuse? If YES please explain.

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Are there any medical, emotional, or physical needs that the CGJA should be aware of?

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**Golf Resume**

(To be completed by the applicant)

Name of Coach: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Practice Facility/Club: \_\_\_\_\_

Number of Years Playing: \_\_\_\_\_ Number of Years Competing: \_\_\_\_\_

Current Handicap Index: \_\_\_\_\_

Golf Strengths: \_\_\_\_\_

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Golf Weaknesses: \_\_\_\_\_

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Frequency of Practice: \_\_\_\_\_

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Golf Practice Routine: \_\_\_\_\_

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Fitness Routine: \_\_\_\_\_

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Mental Training: \_\_\_\_\_

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER OF LIABILITY, RELEASE,  
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

1. For and in consideration of the registration of \_\_\_\_\_ (hereinafter referred to as "Participant") with The Canadian Junior Golf Academy Inc. or its affiliates (hereinafter "CJGA") and being allowed to participate in CJGA programs and events, Participant hereby forever releases and discharges CJGA and any of its members, instructors, organizers, promoters, officers, directors, agents, independent contractors and employees (hereinafter referred to as "Released Parties") from any and all liability, and causes of action of any kind whatsoever, for personal injury, property damage or wrongful death occurring to the Participant arising out of his/her participation in CJGA programs or events and/or activities incidental thereto, notwithstanding that such injuries or losses may have been caused solely or partly by the passive or active negligence of the Released Parties, whenever or however they occur and for such period said activities may continue, and by this Waiver, Release, Assumption of Risk and Indemnity Agreement any such claims, rights, and causes of action that Participant may have are hereby relinquished and the participant does so on behalf of his/her heirs, executors, administrators and assigns.
2. Participant acknowledges and understands that the activities which form part of the CJGA programs and events involve risks and dangers of injury to Participant's person or damage to the Participant's property. These risks and dangers may be caused by the negligence, actions or inactions of Participant or the negligence, actions or inactions of others participating in the CJGA programs, events and/or activities incidental thereto, the condition in which the activities take place, or the negligence of the Released Parties. It is further acknowledged that there may be risks, dangers and social and economic losses either not known or not readily foreseeable at this time. Participant expressly and voluntarily fully accepts and assumes all such risks and all responsibility for losses, costs, and damages incurred as a result of Participant's participation in CJGA programs, events and/or activities incidental thereto.
3. Participant acknowledges that by using the facilities and equipment for such programs and events, he/she assumes the risk of the condition of the facilities and equipment and adjacent areas including the risk of accident, collision, injury and death; and Participant understands and assumes the risks arising from the conditions and use of the facilities and related premises and acknowledges and understands that included within the scope of this waiver and release is any cause of action, arising from the performance, or failure to perform maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said facilities, for negligent selection of such facilities by Released Parties, or negligent supervision or instruction by Released Parties.
4. Participant acknowledges, agrees and represents that he/she understands the nature of CJGA programs, events and/or activities incidental thereto and that he/she is qualified, in good health, and in proper physical condition to participate in such activities. Participant further acknowledges that the activities will be conducted in facilities open to the public during the activities. Participant further agrees and warrants that if at any time he/she believes conditions to be unsafe, he/she will immediately discontinue further participation in the activities.

5. Participant hereby acknowledges and represents that he/she has been provided with and has read this Waiver, Release, Assumption of Risk and Indemnity Agreement, fully understands its terms, is 18 years of age or older (and in the event the Participant is not 18 years of age or older then the undersigned is the parent or guardian of the Participant and accepts the terms contained herein on behalf of the Participant) and of sound mind, has been given the opportunity and has been encouraged to seek independent legal advice prior to signing this Waiver, Release, Assumption of Risk and Indemnity Agreement, understands that he/she has given up substantial rights by signing it, has signed it freely and without any inducement or assurance of any nature and has not relied upon any representations of Released Parties, intends it to be a complete and unconditional release of all liability to the greatest extent allowed by law, and agrees that if any portion of this Waiver, Release, Assumption of Risk and Indemnity Agreement is held to be invalid, the balance, notwithstanding, shall continue to be binding and enforceable in full force and effect.
6. Participant acknowledges and understands that he/she is not permitted to participate in any CJGA programs, events and/or activities incidental thereto unless he/she executes this Waiver, Release, Assumption of Risk and Indemnity Agreement, that this Waiver, Release, Assumption of Risk and Indemnity Agreement applies to all CJGA programs, events and/or activities incidental thereto whether occurring in the near future or not, and the terms of this Waiver, Release, Assumption of Risk and Indemnity Agreement need not be brought to the attention of Participant each time he/she participates in a CJGA program, event and/or activity incidental thereto in order to be effective.

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Participant or Participant's parent or guardian)

# Personal Recommendation Form

## CONFIDENTIAL

The recommendation form is to be completed by your golf coach or an academic instructor. The recommendation should be mailed by individual completing the form.

Please send completed form to:

Core Golf Junior Academy  
16301 Phil Ritson Way  
Winter Garden, FL 34787 USA  
Attention: Jeff Hay

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

To Whom It May Concern:

The above named student is applying to attend the Core Golf Junior Academy, an athletic and boarding academy in Orlando, Florida. We would appreciate your cooperation in providing us with the information below. Thank you in advance for your efforts in this matter.

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Can we contact you regarding this student if necessary?: Yes\_\_\_\_\_ No\_\_\_\_\_

How long have you known the student applying and in what capacity?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What three traits best portray the applicant, and give a brief example of when they have displayed these traits in the past?

1. \_\_\_\_\_  
\_\_\_\_\_  
2. \_\_\_\_\_  
\_\_\_\_\_  
3. \_\_\_\_\_  
\_\_\_\_\_

Please rank the student on a scale of 1 to 5 in terms of their strengths and weaknesses in the following areas (1 being below average and 5 being very strong):

Integrity	1	2	3	4	5
Cooperation	1	2	3	4	5
Responsibility	1	2	3	4	5
Personality	1	2	3	4	5
Motivation	1	2	3	4	5
Dedication	1	2	3	4	5
Potential	1	2	3	4	5
Coachability	1	2	3	4	5
Golf Ability	1	2	3	4	5

Describe the applicant's overall attitude when it comes to interacting with both peers and elders.

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How would you describe the applicant's relationship with his/her parent(s)/guardian(s)?

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Please share with us any additional information you think we should be aware of as we evaluate the applicant's candidacy for the CGJA.

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I would recommend this student to the CGJA (please check one):

Confidently \_\_\_\_\_ Cautiously \_\_\_\_\_ Not at all \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_