

FALL 2019 SEMESTER JUNIOR GOLF ACADEMY



Junior Golfers ages 14 and under will be taught golf fundamentals, rules, etiquette, sportsmanship, equipment & knowledge in each academy class. There will be opportunity for on-course play during the semester as well. All classes will be following the **OP-36 curriculum**.

Operation 36 (OP-36) is a **long-term training program** that works through six levels of skill development. OP-36 is designed to **help new golfers** on-board into golf quickly and **develop advanced players** through challenging learning environments. All players can leverage technology along with instruction from their coach to reach their goals.

Fall classes are held the week of August 19th through the week of December 16th.

Cell 832-326-2793 | golf@janeanmurphy.com | www.janeanmurphy.com



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After School Academy Class Dates & Times

Ages 7 – 9 Tuesdays 4:30-5:30p	Ages 5 & 6 Wednesdays 4:00-5:00p	Ages 10 & 11 Thursdays 4:30-5:30p
August 20, 27 September 3, 10, 17, 24 October 1, 8, 22, 29 November 12, 19 December 3, 10* <i>*Class Party on December 10</i>	August 21, 28 September 4, 11, 18, 25 October 2, 9, 23, 30 November 13, 20 December 4, 11* <i>*Class Party on December 11</i>	August 22, 29 September 5, 12, 19, 26 October 3, 10, 24, 31 November 14, 21 December 5, 12* <i>*Class Party on December 12</i>
<i>No classes the week of October 14-18 due to New Caney ISD Fall Break. No Classes the week of Nov 4-8 due to education conference in Florida. No classes the week of Nov 25-29 due to Thanksgiving week.</i>		

NEW for FALL 2019

Ages 12-14 will meet on Saturdays. The same number of hours of class in the semester is offered as weekday academy classes, but in a new format. The class will have two one-hour training sessions, a two-hour on-course training session and one “off-week” for self-practice or private lessons.

Ages 12-14 Saturdays starting at 3:00p				
One-hour academy class from 3:00-4:00p	August 24	September 21	October 26	November 23
One-hour academy class from 3:00-4:00p	August 31	September 28	November 2	December 7
Two-hour on-course class from 3:00-5:00p	September 7	October 5	November 9	December 14
“Off-Week” for self-practice or scheduled private lesson.	September 14	October 12	November 16	December 21
<i>The “off week” could be switched with a two-hour class date IF a course conflict arises. No class Saturday, October 19 due to New Caney ISD Fall Break. No class Saturday, November 30 due to Thanksgiving week.</i>				

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PACKAGE PRICING

Academy Package \$565 Semester Tuition	Player Package \$725 Semester Tuition	Mini-Tour Package \$885 Semester Tuition	Pro-Tour Package \$1045 Semester Tuition
One-time payment of \$565 or 5 monthly payments of \$120.	One-time payment of \$725 or 5 monthly payments of \$155.	One-time payment of \$885 or 5 monthly payments of \$185.	One-time payment of \$1045 or 5 monthly payments of \$215.
OP36 Welcome Kit	OP36 Welcome Kit	OP36 Welcome Kit	OP36 Welcome Kit
1-hr weekly group academy classes (X14)	1-hr weekly group academy classes (X14)	1-hr weekly group academy classes (X14)	1-hr weekly group academy classes (X14)
	9 Hole play days (X4)	9 Hole play days (X4)	9 Hole play days (X4)
		30-min private lesson (X4)	30-min private lesson (X8)
		-----Best Value-----	

9-hole play day schedule listed below is subject to change bases on course availability.

Sunday, September 8 @ 4pm

Sunday, October 6 @ 4pm

Sunday, November 10 @ 3pm

Sunday, December 8 @ 3pm

Schedule private lessons from Mini-Tour or Pro-Tour packages with your instructor individually.

DISCLAIMER: Each class requires a minimum of 4 students with a maximum of 6 students per class. If the minimum number of students is not met, the class will be cancelled. If more than 6 students sign up for class, additional classes will be added as needed.

Coming Soon – OP36 ELITE Classes. Once a junior golfer reaches 150 yards from their on-course play and are playing or plan on playing competitive golf they can be eligible for the OP36 Elite that will meet on Saturdays!

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Academy Class Registration Form for Oakhurst GC

Junior Golfer Name: _____

Parent/Guardian Name: _____

Parent/Guardian Cell for Texts: _____

Parent/Guardian Email: _____

Select One:

- Tuesday Class.....4:30-5:30pm | Ages 7-9
- Wednesday Class.....4:00-5:00pm | Ages 5 & 6
- Thursday Class.....4:30-5:30pm | Ages 10 & 11
- Saturday Class.....Starting at 3:00pm | Ages 12-14

Select One:

- Academy Package.....\$565 - 14 Week Semester Tuition -or- \$120 X 5 months
- Player Package.....\$725 - 14 Week Semester Tuition -or- \$155 X 5 months
- Mini-Tour Package.....\$885 - 14 Week Semester Tuition -or- \$185 X 5 months
- Pro-Tour Package.....\$1045 - 14 Week Semester Tuition -or- \$215 X 5 months

Semester tuition fees are due on the first day of class or monthly tuition fees are paid on the first-class day of each month.

Family Discounts: 10% off each additional family member.

Missed Class Policy: If your junior missed a class or cancels less than 24 hours of class, the class fee is forfeited. If you know in advance that your junior will not be able to attend, let your class instructor know with at least 24 hours advanced notice. With a 24-hour advanced notice, the academy class fee can be applied towards a private lesson. You will only have 30 days to use the credit and will be required to pay the difference in price of a private lesson. Special considerations will be made on a case-by-case basis.

I have read the missed class policy and understand it. (_____ parent/guardian initials)

I understand that my junior golfer will need to have his/her own set of clubs. (_____ parent/guardian initials)

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ASSUMPTION OF RISK AND RELEASE AGREEMENT

Assumption of Risk: As parent or legal guardian of participant, I am aware that the Activity involves inherent risks, dangers, and hazards that can result in serious personal injury or death. I am also aware that the facilities and/or equipment contain dangers and can cause serious injury or death. I and Participant hereby freely agree to assume and accept all known and unknown risks of injury arising out of the Activity including injury or death that results from the Janean Murphy Golf Academy or Oakhurst Golf Club's negligence, design of the facility and/or equipment, or from any third party.

Release and Indemnity: In exchange for the Janean Murphy Golf Academy (JMGA) and Oakhurst Golf Club (OHGC) allowing the junior Participant to participate in the Activity, I and Participant understand and expressly acknowledge that we, on our own behalf and on behalf of the other members of our family, including spouse, parents, children, heirs, and assigns, release, discharge, waive, relinquish, covenant not to sue, indemnify and hold harmless from any and all claims, actions, demands, costs, liabilities, expenses or judgments whatsoever, including attorneys' fees and costs, the JMGA and OHGC, its parent company, affiliated or subsidiary companies, and all their respective officers, directors, agents, contractors, employees, heirs, successors, assigns, volunteers and guests ("Released Parties") from all liability for any injury, death, loss or damage connected in any way whatsoever to participation in Activity that may result from the JMGA or OHGC negligence or willful misconduct of any third party, design of the facility and/or equipment, whether arising either directly or indirectly out of participating in an event or activities or from any third party, whether on or off the OHGC's premises and including any transportation. It is the intention of the parties hereto that I will indemnify and protect the JMGA, OHGC and Released Parties from the consequences of acts or omission of the JMGA, OHGC and Released Parties or any third party (including others who may be participating), who may have a claim or cause of action against the JMGA, OHGC and Released Parties that arose by, through, or under Participant, in whole or in part.

Property Loss: All personal property brought to the Activity is brought at the sole risk of the Participant as to its theft, damage, or loss or injury to any other third party.

Medical: I give my consent to emergency medical care and transportation in order to obtain treatment in the event of injury, as the Club may deem appropriate. I agree to accept full responsibility for and to pay for the cost of medical care, transportation and any other incidental expenses due to health, accident, or failure to conform to rules and guidelines established by the JMGA, OHGC and the person in charge of the Activity. I further agree to release and hold harmless the JMGA, OHGC, affiliated or subsidiary companies, and all their respective officers, directors, agents, contractors, employees, heirs, successors, assigns, volunteers and guests, whether associated with the Activity or not, arising from and extending to any and all liability arising out of or in any way connected with such provision of medical or surgical treatment or transportation provided in the event of an emergency.

Photograph Permission: I give permission for the JMGA and OHGC to use, without limitation, photographs, film footage, or tape recordings that may include participant's image or voice for purposes of promoting the JMGA and OHGC's programs.

Severability: Any provision of the Release found to be invalid by the courts having jurisdiction shall be invalid only with respect to such provision or portion. The remaining provisions hereof, shall be construed and enforced to the same effect as if such offending provision thereof had not been contained herein.

Signature of Parent/Legal Guardian: _____

Date: _____

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EMERGENCY/MEDICAL TREATMENT

Full name of Participant: _____

Participant's Date of Birth: _____

Please check below if your child has allergies or sensitivity to:

___ Bee Sting ___ Nuts ___ Dairy ___ Latex ___ Other: _____

List Required Medications and Dose Amounts:

Please check below if your child has:

Asthma Diabetes Seizure Disorder Heart Condition Other Medical Condition:

List Required Medications and Dose Amounts:

Other Medications:

Medical History (ex., diabetes, or epilepsy), Special Conditions/Needs:

People to whom the Participant may be released:

Name: _____ Phone: _____

Name: _____ Phone: _____

I hereby give my permission to have my child taken to the physician, dentist, or hospital for medical treatment if an accident or serious illness occurs.

Mobile: _____ Home: _____ Work: _____

Parent/Legal Guardian Print Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

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