



2017 Active Start – ages 3 to 6



GENERAL INFORMATION:

This exciting and educational program has been designed to introduce young children to the basic fundamental movement skills and help build overall motor skills required in sport. Basic key concepts will be introduced including grip, stance, balance and swing in a safe and fun environment. The Active Start sessions will begin May Long Weekend and run each week until the end of August.

ITINERARY:

- Registration at The Academy and Introductions **9:30 AM – 9:35 AM**
- Rotating Training Stations **9:35 AM – 10:10 AM**
- Review, Wrap-Up and Celebration **10:10 AM – 10:15 AM**

ACTIVE START FEES:

- \$20.00 (per day) + HST

REGISTRATION & SCHEDULE 2017:

Members and guests may book in person at The Academy, by email at academy@georgianbayclub.com, or by calling The Academy at 519.599.9949 extension 234. During the offseason, Members and guests may book by email at gwking@georgianbayclub.com.

PROGRAM DATES & LOCATION

<input type="checkbox"/> Sunday, May 21 st	The Georgian Bay Club	<input type="checkbox"/> Sunday, May 28 th	The Georgian Bay Club
<input type="checkbox"/> Sunday, June 4 th	The Georgian Bay Club	<input type="checkbox"/> Sunday, June 11 th	The Georgian Bay Club
<input type="checkbox"/> Sunday, June 18 th	The Georgian Bay Club	<input type="checkbox"/> Sunday, June 25 th	The Georgian Bay Club
<input type="checkbox"/> Sunday, July 2 nd	The Georgian Bay Club	<input type="checkbox"/> Sunday, July 9 th	The Georgian Bay Club
<input type="checkbox"/> Sunday, July 16 th	The Georgian Bay Club	<input type="checkbox"/> Sunday, July 23 rd	The Georgian Bay Club
<input type="checkbox"/> Sunday, July 30 th	The Georgian Bay Club		
<input type="checkbox"/> Sunday, August 6 th	The Georgian Bay Club	<input type="checkbox"/> Sunday, August 13 th	The Georgian Bay Club
<input type="checkbox"/> Sunday, August 20 th	The Georgian Bay Club	<input type="checkbox"/> Sunday, August 27 th	The Georgian Bay Club

Full Name: _____ Date of birth (dd/mm/yy): _____

Medical Conditions/Allergies: _____ Gender (circle): Male Female

Parent/Guardian: _____ Contact Number: _____

Email Address for Parent/Guardian: _____

Payment Information (please circle): Visa Amex MasterCard Member Account # _____

Name of Credit Card Holder: _____

Number: _____ Exp (mm/yy): _____ Amount: \$ _____

Signature: _____ Date (dd/mm/yy): _____