



Dear Junior Golfers and Families,

We hope this message finds you well! We are excited to announce that our **Capri Isle Junior Program** is moving to a **new location** for the upcoming season. As part of our ongoing commitment to providing the best possible experience for our participants, we will be moving to **Myakka Pines Golf Club**. Rich Williamson, who has been with for the program since 2015, will be the contact lead for the program.

What Does This Mean for You?

- **New Location:** All Junior Golf Program sessions and activities will take place at **Myakka Pines Golf Club**.
- **Program Continuity:** The structure, schedule, and goals of the Junior Golf Program will remain the same. Our experienced coaching staff will continue to work closely with each golfer to help them develop their skills, build confidence, and enjoy the game.
- **Location Details:** Please note the new address for **Myakka Pines Golf Club**:

**2550 South River Rd.
Englewood, FL, 34223
941-474-1753**

What's Next?

- **Registration:** Registration forms are included in this mailing and must be returned to Myakka Pines Golf Club before June 7th.
- **Schedule:** Program will be on Saturdays starting June 14th with the last day on August 2nd. Times will range from 10:30am-2:00pm depending on what group you are assigned.
- **Cost:** \$200 for one junior. Multiple juniors in one household \$175 each

We are excited about the opportunities that our new location will provide for your child's development in golf, and we look forward to seeing everyone on the course soon!

Thank you for your continued support, and we can't wait to get started at **Myakka Pines Golf Club**!

Rich Williamson, PGA



2025 Capri Isles Junior Golf Program **At Myakka Pines Golf Club**

Registration Form

Junior Name _____ Age _____

Parent/Guardian _____

Address _____

E-mail _____ Phone _____

-----Circle One-----

Skill Level: Brand New—Beginner—Intermediate—Experienced

Number of years in program: _____

Details

Ages 6-16. Program will be every Saturday, starting June 14th and end on August 2nd. Cost will be \$200.00 for one child, \$175.00 each for two or more juniors from the same household. Juniors will be assigned into groups by age and skill level with Group #1 starting at 10:30am and Group #2 at 11:30am. Depending on how many participants sign up, we may add a third group that will start at 12:30pm. Each session will include an hour of instruction, lunch and then play on the course for 1-2 hours with parent volunteers. Playing groups will be assigned by program professionals and volunteers.

Instruction will be from PGA, LPGA and Associate Professionals. Having your own equipment is preferred but we do have some clubs available for use. Completed entries may be returned to the Myakka Pines Golf Shop with registration fee. Payment may be made with cash or check made out to Capri Isles Junior Golf.

Questions, please contact Rich Williamson at 614-562-8753 or richwilliamsongolf@gmail.com



Myakka Pines Junior Program

Summer 2025 Health Information Form

Childs Name _____ Age _____

<u>Medical History</u>	<u>Yes</u>	<u>No</u>	<u>Explanation</u>
Heart Condition	_____	_____	_____
Asthma	_____	_____	_____
Epilepsy	_____	_____	_____
Diabetes	_____	_____	_____
Allergies	_____	_____	_____
Other	_____	_____	_____
Medication	_____	_____	_____

Has your child's physical activity been restricted in the past year or have they had any injuries or operations? _____

Additional Comments: _____

My child is in excellent physical condition unless otherwise explained above. Activities or participation should not be limited because of a physical ailment. I assume full responsibility for my child's physical condition and you should proceed with my child in all activities with full confidence in my statement. If my child's physical condition should change between now and the time the program begins, I will notify you. If any emergency arises involving my child, I give you permission and the authority to take such steps as are necessary, in your good judgment, to protect and assist my child. I ask that you proceed in the way you would if your own child were involved. I agree that I will pay any hospital expenses, doctor bills, and any other expenses that may be incurred as a result of the treatment given my child. I make these statements in consideration of your allowing my child to be in the junior program and to take part in all activities.

Signature of
Parent/Guardian _____ Date: _____