



OMYGA
 Orlando Minority Youth Golf Association
 708 W. Jackson Street Orlando, FL. 32805
 Phone: (407) 423-8546 • Fax: (407) 839-6223 • E-Mail: tjdorsey@aol.com • Website: www.omyga.org

Dear OMYGA Parents:

The 2019 Golf Season for the OMYGA is at hand. We are in the process of making our plans for this season.

Registration Dates		
Friday	February 1, 2019	5:30 p.m. – 7:00 p.m.
Saturday	February 2, 2019	11:00 a.m. – 12:30 p.m.
Callahan Neighborhood Center • 101 N. Parramore • Orlando, FL 32804 (corner of Parramore Avenue & Washington Street)		

Returning Schedule for Students		
New and Second Year Students	Friday - February 8, 2019	6:30 p.m.
3RD Year Students & Above	Friday - March 29, 2019	6:30 p.m.

The **OMYGA Golf Registration fee: \$150 annually for One (1) Child.**

If you are contemplating returning with your child/children for the upcoming golf season, there are some factors that you should consider:

1. There are other programs that you can become involved with.
2. There are golf professionals who would be glad to instruct your child/children for a fee. This is good should you desire that your child have individual one on one attention. If you can afford such, I strongly recommend that course of action.
3. **Our Annual Fee includes:**
 - a. Administration Cost
 - b. Lunch Expenses
 - c. Training Clubs
 - d. Balls
 - e. Bags (when available)
 - f. Travel Outings
 - g. Lessons
 - h. Golf Course Access
 - i. Uniforms

Continued on back

Our fee is mandatory and should be paid at the time of Registration February 22, 2019. **The program will also be in recess the 4th weekend of each month from lecture and golf play unless otherwise stated.**

Registration Forms are on line at www.omyga.org. All forms must be completed, **Signed, Notarized, and Turned In** by **February 2, 2019**. Registration forms are mandatory as are the Release of Liability forms. If you have more than one child enrolling in the program, you may use one registration form and make photocopies for all other children.

If your child has lost his/her interest in learning the game of golf, I suggest that you not register him/her for the 2019 season.

As for absenteeism and punctuality, the rules will be the same. **Five (5) consecutive absences without a medical excuse are grounds for dismissal.**

As for Esprit D' Corps, I expect the registered youth to participate in all planned activities. I realize that some youth participate in multiple sports, but I assure you that none require more time and practice than the sport of golf in order to learn how to play well.

In golf, every child matures at their own individual pace and that pace should not be compared with others. If the child has a genuine interest in learning the game, he/she should be supported.

Should our program be too taxing for your schedule, I suggest personalized golf lessons and not OMYGA. Another suggestion is for you to get acquainted with other parents of members in the OMYGA, as then you may figure out a way to carpool. I realize how taxing the program can be, but such is necessary for maximum benefit.

Attire for the entire season is White Polo Shirts & Navy Blue Pants. If you have any further questions, feel free to email me at tjdorsey@aol.com or call 407-423-8547.

Yours in Youth Golf,



T.J. Dorsey, D.D.S., P.A.
Founder & Executive Director
OMYGA

www.omyga.org

Attached: (8 Forms)

Registration/Consent Form, Release From Liability Form, Parent Consent Form, Student Agreement Form, Pant & Shirt Sizes Form & Email Update Sheet



Parent Information

2019

Date: ____/____/____

Please Print

Fathers Name: _____
First Last

Home Address: _____ City _____ State: _____ Zip: _____

Home Phone Number () _____ - _____ Cell Phone: () _____ - _____

Place of Employment _____ Work Phone: () _____ - _____

Email Address: _____

Please Print Clearly

Mothers Name: _____
First Last

Home Address: _____ City _____ State: _____ Zip: _____

Home Phone Number () _____ - _____ Cell Phone: () _____ - _____

Place of Employment _____ Work Phone: () _____ - _____

Email Address: _____

Please Print Clearly

Parent Certification – I am supportive of my child's participation in the Orlando Minority Youth Golf Program. I give my permission for the below named youth to participate in rehearsals and performances as outlined below.

Parent or Guardian Signature

____/____/____

Date

Release of Claims: I hereby release the Orlando Minority Youth Golf Association, their agents, and their sponsors from the claims of any injuries to the above named youth which might occur during participation in any of the following golf activities.

Parent or Guardian Signature

____/____/____

Date

Authorization for Medical Treatment: I authorize the sponsors of this activity, as my agent, to consent to any necessary medical or dental treatment deemed necessary for the above named youth while participating in any of the following golf activities.

Parent or Guardian Signature

____/____/____

Date

Who referred your child/children to the OMYGA Program? _____

Method of Payment

Check	Cash	Amount	Total Amount Paid	Balance
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Registration Form

**2019
Registration Fee**

\$150.00 Each Student

1.

Last Name	First Name	Initial	Birth Date	Age
Male or Female	Current School Attending:	Grade:	School Phone #	
List Physical Limitations: _____				
*Physician's Name: _____ Phone: (_____) _____ - _____ Medical Record on File?: YES or NO				

2.

Last Name	First Name	Initial	Birth Date	Age
Male or Female	Current School Attending:	Grade:	School Phone #	
List Physical Limitations: _____				
*Physician's Name: _____ Phone: (_____) _____ - _____ Medical Record on File?: YES or NO				

3.

Last Name	First Name	Initial	Birth Date	Age
Male or Female	Current School Attending:	Grade:	School Phone #	
List Physical Limitations: _____				
*Physician's Name: _____ Phone: (_____) _____ - _____ Medical Record on File?: YES or NO				

4.

Last Name	First Name	Initial	Birth Date	Age
Male or Female	Current School Attending:	Grade:	School Phone #	
List Physical Limitations: _____				
*Physician's Name: _____ Phone: (_____) _____ - _____ Medical Record on File?: YES or NO				



2019 Parent Consent Form

Parent Certification – I am supportive of my child’s participation in the Orlando Minority Youth Golf Program. I give my permission for the below named youth to participate in rehearsals and performances as outlined below.

_____	____/____/____	_____
Youth to Participate	Date of Birth	Age
_____	____/____/____	_____
Youth to Participate	Date of Birth	Age
_____	____/____/____	_____
Youth to Participate	Date of Birth	Age
_____	____/____/____	_____
Youth to Participate	Date of Birth	Age
_____	____/____/____	_____
Parent or Guardian’s Consent	Date	Home Phone

Release of Claims: I hereby release the Orlando Minority Youth Golf Association, their agents, and their sponsors from the claims of any injuries to the above named youth which might occur during participation in any of the following golf activities.

Parent or Guardian Signature

____/____/____
Date

Authorization for Medical Treatment: I authorize the sponsors of this activity, as my agent, to consent to any necessary medical or dental treatment deemed necessary for the above named youth while participating in any of the following golf activities.

Parent or Guardian Signature

____/____/____
Date

**OMYGA STUDENT LIABILITY FORM
2019**

I, _____

Do hereby release Dr. T.J. Dorsey and The Orlando Minority Youth Golf Association from any liability in the event of injury should it occur with my child or children during the course of Lecture, Practice, Play, or Golf Outings of any kind.

I understand that safety measures will be taken to avoid such occurrences, as accidents, bodily or mental harm do sometimes occur.

Further, I give the right to Dr. T.J. Dorsey and OMYGA to take photos, videos, and other diagnostic aides that may be used in the teaching of my child. These photos, videos, and other diagnostic aides are considered to be the property of the OMYGA and Dr. T.J. Dorsey and may be used for the good of the child and/or the organization at the discretion of Dr. T.J. Dorsey.

This serves as release of liability, release of photo, visuals, or auditory processes involved in the teaching of the youth, past, present, or future.

Parent or Guardian

_____/_____/_____

Date

**STATE OF FLORIDA
COUNTY OF ORANGE**

Sworn to (or affirmed) and subscribed before me this _____ day
of _____, 2019
by _____.

Name of Notary Public

Identification Produced & ID Number (if applicable) _____

My Commission Expires _____

MEDICAL INFORMATION SHEET

Name: _____

Mother's Name: _____ Father's Name: _____

Telephone Numbers: Mother _____ Father _____

Alternate Emergency Contacts (If parents are not available)

Name: _____ Telephone: (____) _____

Name: _____ Telephone: (____) _____

Doctor's Name: _____ Telephone: (____) _____

Dentist's Name: _____ Telephone: (____) _____

Please circle the appropriate response and provide details below if you answer "Yes" to any of the questions.

Yes • No Fainting episodes during exercise Yes • No Epileptic

Yes • No Trouble breathing during exercise Yes • No Asthma

Yes • No Diabetic – Type 1 _____ Type 2 _____ Yes • No Heart Condition

Yes • No Medication Yes • No Allergies

Yes • No Wears a Medical Information Bracelet/Necklace For what purpose?

Please give details if you answered "Yes" to any of the above.

Medications: _____

Allergies: _____

Medical Conditions: _____

Any information not covered above: _____

I understand that it is my responsibility to keep the OMYGA advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, the OMYGA will arrange to take my child to a physician or the hospital if deemed necessary.

I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

I also authorize release of information to appropriate people (coach, physician) as deemed necessary.

Date: _____ Signature of Parent or Guardian: _____

PANTS & SHIRT SIZES
2019 OMYGA
(PLEASE CIRCLE THE FOLLOWING)

CHILD # 1_____
Youth Last Name_____
Youth First Name____/____/____
Date of Birth_____
Age

YOUTH SHIRTS
SMALL MEDIUM LARGE X-LARGE
(6-8) (10-12) (14-16) (16-18)

YOUTH PANTS
SMALL MEDIUM LARGE X-LARGE
(6-8) (10-12) (14-16) (16-18)

ADULT SHIRTS
SMALL MEDIUM LARGE X-LARGE XX-LARGE

ADULT PANTS
SMALL MEDIUM LARGE X-LARGE XX-LARGE

CHILD # 2_____
Youth Last Name_____
Youth First Name____/____/____
Date of Birth_____
Age

YOUTH SHIRTS
SMALL MEDIUM LARGE X-LARGE
(6-8) (10-12) (14-16) (16-18)

YOUTH PANTS
SMALL MEDIUM LARGE X-LARGE
(6-8) (10-12) (14-16) (16-18)

ADULT SHIRTS
SMALL MEDIUM LARGE X-LARGE XX-LARGE

ADULT PANTS
SMALL MEDIUM LARGE X-LARGE XX-LARGE

CHILD # 3_____
Youth Last Name_____
Youth First Name____/____/____
Date of Birth_____
Age

YOUTH SHIRTS
SMALL MEDIUM LARGE X-LARGE
(6-8) (10-12) (14-16) (16-18)

YOUTH PANTS
SMALL MEDIUM LARGE X-LARGE
(6-8) (10-12) (14-16) (16-18)

ADULT SHIRTS
SMALL MEDIUM LARGE X-LARGE XX-LARGE

ADULT PANTS
SMALL MEDIUM LARGE X-LARGE XX-LARGE

CHILD # 4_____
Youth Last Name_____
Youth First Name____/____/____
Date of Birth_____
Age

YOUTH SHIRTS
SMALL MEDIUM LARGE X-LARGE
(6-8) (10-12) (14-16) (16-18)

YOUTH PANTS
SMALL MEDIUM LARGE X-LARGE
(6-8) (10-12) (14-16) (16-18)

ADULT SHIRTS
SMALL MEDIUM LARGE X-LARGE XX-LARGE

ADULT PANTS
SMALL MEDIUM LARGE X-LARGE XX-LARGE

STUDENT AGREEMENT FORM
OMYGA 2019

- 1) I agree to attend golf classes and practice sessions.
- 2) I agree to do my best to become the best golfer that I can.
- 3) I agree to conduct myself at all times in a manner befitting me as a member of the Orlando Minority Youth Golf Association
- 4) I agree to respect my parents at all times. I will not talk in a bad way to them.
- 5) I agree to respect my fellow man and his property.
- 6) I agree to maintain positive self control at all times.
- 7) I agree to use golf as my fun, rather than drugs.
- 8) I agree to become the best student that I can be.
- 9) I agree to grow up and become the best citizen I can be.
- 10) I agree to choose golf rather than crime.

THESE 10 STATEMENTS I AGREE TO OF MY OWN FREE WILL.
Each Youth Please Sign

___/___/___

DATE

SIGNATURE of Student

___/___/___

DATE

SIGNATURE of Student

___/___/___

DATE

SIGNATURE of Student

___/___/___

DATE

SIGNATURE of Student

Parents Email Sheet
2019
Please Print Clearly

Name of Child / Children

Father's email:

Please Print

Mother's email:

Please Print

Please contact our office with any changes of your email during the golf season.

Thank you,
Mrs. Dorsey
407-423-8546 or virgiebd@aol.com