



## Union County Board of Chosen Freeholders

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A SERVICE OF THE  
UNION COUNTY  
BOARD OF CHOSEN  
FREEHOLDERS



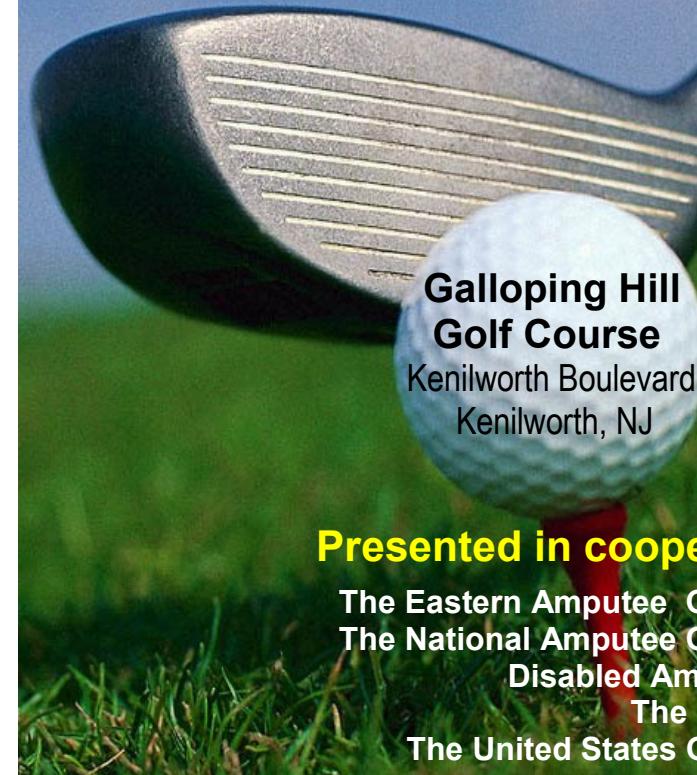
**UNION COUNTY**  
*We're Connected to You!*

UNION COUNTY BOARD OF CHOSEN FREEHOLDERS

## NAGA'S "FIRST SWING" Golf Clinic

A Learn to Golf Program for People  
with Physical Disabilities

**Friday, August 5, 2016**  
**8:30am - 12:00pm**



**Galloping Hill  
Golf Course**  
Kenilworth Boulevard  
Kenilworth, NJ

**Presented in cooperation with:**

The Eastern Amputee Golf Association  
The National Amputee Golf Association  
Disabled American Veterans  
The PGA of America  
The United States Golf Association

**For More Information:**  
**(908) 527-4781**  
**[mramirez@ucnj.org](mailto:mramirez@ucnj.org)**  
**[www.ucnj.org/disabilities](http://www.ucnj.org/disabilities)**

Whether you have always wanted to "take a swing" at the game of golf, or return to the sport, come to this participatory clinic.

- Get an introduction to techniques on chipping and putting
- The proper grip, stance and posture used when chipping or putting
- Focus on becoming more consistent hitting shots around the green
- Concluding with a chipping & putting contest



**SCHEDULE:** 8:30am - 9:00am      Continental Breakfast  
9:00am - 9:30am      Adaptive Equipment Review  
9:30am -11:30am      Hands on Golf Instruction

**ELIGIBILITY:** Anyone who is physically challenged including, but not limited to; amputees, persons who are post-stroke; and have any circumstance necessitating this type of specialized instruction. Healthcare and golf professionals who are interested in learning adaptive golf techniques for their clients are also welcome.

**INSTRUCTORS:** Louis Namm, level 3 certification program of the United States Golf Teachers Association (USGTA). He is the primary golf instructor for the Phila VA Medical Center's Amputee Veterans.

**EXPERIENCE:** No golfing experience is required.

**EQUIPMENT:** Students should bring a 7 or 8 iron and a putter. A limited number of clubs will be available for participants who do not have their own.

**REGISTRATION FEE: FREE**

Refreshments are included. Pre-Registration is required by August 3, 2016. For further information please call:

**Manny Ramirez or Nicole DeAugustine, Program Coordinators**  
@ 908-527-4781; 908-527-4916 or mramirez@ucnj.org;  
ndeaugustine@ucnj.org

**PLEASE DO NOT CALL THE GOLF COURSE**  
**DIRECTIONS WILL BE MAILED WITH YOUR CONFIRMATION**

**2016 - FIRST SWING GOLF REGISTRATION**

Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Type of Disability \_\_\_\_\_  
Please indicate if you have any special needs that we should be aware of: \_\_\_\_\_

Will you be bringing your own clubs? YES / NO (Please Circle)

Are you: (Please Check) \_\_\_\_\_ a Physically Challenged Person  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
a Rehabilitation Professional  
a Golf Professional

Please return this form by **August 3**

to:

**Union County**  
**Department of Parks and Recreation**  
300 North Ave. East  
Westfield, NJ 07090  
Attn: Manny Ramirez

**PLEASE READ CAREFULLY**

Patrons of any Union County park and/or open space facility(ies) recognize the risks inherent in the use of said park and/or facility(ies). Other than acts on the part of the County which, if proven in an appropriate court of law, are tantamount to gross negligence, Patrons hereby agree to hold the County harmless from any and all damage resulting to person and/or property from the use of its park and/or open space facilities and hereby release, waive and forever discharge the County, its servants, agents and/or employees from any and all such claims.

I hereby register (grant permission for) \_\_\_\_\_  
to participate in the programs listed above.

I acknowledge that I have read and agreed to the Release, Covenant Not to Sue statement on this page.      Yes \_\_\_\_\_ No \_\_\_\_\_

**Photo Release:**

I also give Union County permission to photograph the above named registrant for publicity purposes.      Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Participant/Parent/Guardian/Recreation Leader

Date