

Kid's Golf Clinic



Dates: June 4th - 8th

Time: 5:00pm - 6:30pm

Cost: \$65 Ages: K - 8th grade

Kids Clinic Includes:

- Instructions Monday to Friday
 - Tee Gift
- Friendly Competition Friday
 - Awards Banquet Friday
- Participants play for free on select Fridays remainder of 2018

Participant Name: _____ Age: _____

Address: _____
Street State Zip

Parent/Guardian: _____ Phone: _____

Address: _____
Street State Zip

Email Address: _____ Has clubs? _____ Needs to borrow clubs? _____

2nd Emergency Contact: _____ Phone: _____

Experience (check one): _____ Never golfed _____ Golfed few times _____ Golf often but not well _____ I put my parents to shame

****Note Special Golf shoes are not required****

Participant Agreement:

I AGREE TO:

- _____ Treat the instructors, staff and golf course with respect.
- _____ Participate to the best of my ability.
- _____ Ask questions when I don't understand.
- _____ Enjoy learning the game of golf.

Participant's Signature: _____

Parental Consent:

I AGREE TO:

- _____ Allow my child to participate in the Hazelden Kids Clinic.
- _____ I acknowledge responsibility for my child's actions while participating in the Kids Clinic.
- _____ I understand there are inherent risks associated with the game of golf.

Parent/Guardian Signature: _____