

# Spring Jr. GOLF Clinic

at Ocean Pines Golf Club

For boys & girls  
ages 5-14

**Begins May 1**  
**Wednesdays**  
**5:30-6:15 PM**  
**4-Week Session**

## We'll Practice:

Chipping

Putting

Swinging

Bunker Shots & More!

**\$40**

**Register Online!**  
**[OceanPinesGolf.org](http://OceanPinesGolf.org)**





# 2019

# Ocean Pines Golf Club Junior Golf Clinic Registration Form

**May 1, 8, 15, 22**

***\$40 per child for the four-week session.  
Payment is required to hold reservation.***

Child's Name \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Alternate Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list any allergies, medical conditions, or special needs of which we should be aware: \_\_\_\_\_

Please list the adults who have permission to pick up your child at the end of the clinic each day:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

My child will bring his/her own golf clubs: *(please circle)* Yes No

### Waiver Statement (must be signed)

I, the undersigned, intending to be legally bound, do hereby for myself, family, guardians, charge/charges, heirs, executors and administrators, waive and release any and all rights to claims for damages, which I/we may have against the Ocean Pines Association, their representatives, successors and employees for any injuries which I/we may suffer in connection with my/our use of this facility or involvement in activity. At various times the Ocean Pines Association videotapes and photographs events to be submitted to the local media. By using this facility or participation in an activity, I/we hereby authorize the Ocean Pines Association to reproduce, copy, exhibit, publish, broadcast, or distribute any and all such tapes or photographs. I have read the above and understand the rules and regulations of the Ocean Pines Association—Ocean Pines Golf Club that have been made available to me.

\_\_\_\_\_  
Signature of Participant *(Parent/Guardian if under age 18)*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**For Office Use:** Paid Y N Payment Type \_\_\_\_\_ Date \_\_\_\_\_ Trans # \_\_\_\_\_ Amt \_\_\_\_\_