

Spring

JUNIOR GOLF CLINIC

at Ocean Pines Golf Club

MAY 6, 13, 20, 27
Wednesdays 5:30-6:15 PM
4-Week Session | For Boys & Girls Ages 5-14

\$40
session

Chipping

Putting

Swinging

Bunker Shots & More!

**REGISTER
ONLINE!**

OCEANPINESGOLF.ORG





2020

Ocean Pines Golf Club Junior Golf Clinic Registration Form

May 6, 13, 20, 27

***\$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 _____