April Vacation Junior Golf Clinic

April 20th-23rd, 2020 (Friday April 24th rain date if needed)

Students’ name_______________________________age_______
(see reverse side for important registration information)

Session:
____9am-10am (for age 7-10 year old students)  
____10am-11am (for age 11-14 year old students)

Need golf clubs:  Yes No  Right hand  left hand  (circle as needed)

Stone Meadow Golf in cooperation with the Town of Lexington Recreation and Community Programs Department and Pine Meadows is pleased to offer youth golf clinics.

The clinics are one hour sessions over four days introducing kids to the wonderful game of golf. The clinics teaching ratio will be one instructor per seven students. The final day features playing a team scramble on the par three golf course.

14 students maximum per class. If less than 7 register, the class may be cancelled. Classes are held rain or shine under our teaching tent. Severe weather may create a rain-date. If weather is questionable, call the clubhouse (781-863-0445) one hour before the class begins for a status update.

Payment is expected at time of registration. Make checks out to “Stone Meadow Golf” for $150.00 per student. Please complete reverse side of this form.

www.StoneMeadowGolf.com
675 Waltham Street, Lexington, MA
781-863-0445
Junior Golf Clinic Registration Form

Name: ___________________________ Age: __________

Address: __________________________

Permission for a group photograph: Yes  No  Ok to post to our website: Yes  No

Emergency contact name: ___________________________ Contact Phone #: __________

2nd Contact Phone #: ___________________________ E-mail (optional): __________

Special instructions/info that we should know about medical concerns, allergies (food allergies),
special needs:

__________________________________________________________________________

I/We, the parent(s)/guardian(s) of the above named minor, hereby consent to his/her
participation in the Stone Meadow Golf Clinic. I/We further agree to release and save harmless
Stone Meadow Golf, Pine Meadows golf club, Town of Lexington, its employees, agents, and
attorneys from all liability or expenses out of any incident involving, or on account of any injury
to the above named minor in connection with such program, hereby give permission to the
Stone Meadow Staff to provide and administer immediate first aid and to secure medical
treatment through a responding ambulance staff as the need arises.

Parent/Guardian printed name: ___________________________ Signature: __________

Date: ___________________________

__________________________________________________________________________

This section to be completed by Stone Meadow Staff:

Paid by check: ___________________________ cash: __________ CC: __________

Session: ___________________________ Employee name: __________