Stone Meadow Junior Golf School

2020 Sessions

Stone Meadow Golf in cooperation with the Town of Lexington Recreation and Community Programs Department and Pine Meadows is pleased to offer a Junior Golf School.

This is a Golf School for kids of all skill levels to learn the fundamentals of the golf swing. The clinics are 3 hour sessions over four days and includes lunch. There will be 3 stations each day and after 45 minutes students move on to different areas of our practice facility. Station #1 will be full swing of Irons and woods on the Driving Range. Station #2 will be on our putting green learning how to chip and putt. Station #3 will be on our Par 3 course learning golf course etiquette, rules and how to play on a golf course. Students will be grouped by age 8-10, 11-13, 14-16 year olds. The schools teaching ratio will be one instructor per seven students. The final day features playing a team scramble on the par three golf course.

Students Name ____________________________________________ age __________

Need golf clubs Y/N ___________ Left-hand/right-hand ______________

Select the session to attend:
Session 1: July 13-16 (17th rain date) Session 3: July 27-30 (July 31st rain date)
____ 9am-12pm ages 8-16

Session 2: July 20-23 (24th rain date) Session 4 August 10-13 (August 14th rain date)
____ 9am-12pm ages 8-16

Session #5 August 17-20(August 21st rain date)
____ 9am-12pm ages 8-16

21 student’s maximum per session. If less than 15 register, the class may be cancelled.

Classes are held rain or shine under our teaching tent. Severe weather may create make-up day on Friday. Check with the clubhouse by telephone (781-863-0445) one hour before a class if weather is questionable. Payment is expected at time of registration. Checks made out to “Stone Meadow Golf” for $425.00 per student. Please fill out the reverse side of this form.

www.StoneMeadowGolf.com
675 Waltham Street, Lexington, MA 02421 781-863-0445
Junior Golf School 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, it’s 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: ____________________________