



April Vacation Junior Golf Clinic

April 19th-22nd, 2021 (Friday April 23th 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 \$160.00 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, 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 _____