

Strawberry Valley Junior Golf 2017 Summer Program
Strawberry Valley Golf Course
164 Washington Street, Abington, MA 02351
781-347-4877

First Name: _____ Last Name _____

Gender: Boy: _____ Girl: _____ Age*: _____ Phone _____

Street Address: _____

Town: _____ State: _____ Zip: _____

E-Mail Address: _____

Student: # of years golfing _____ Level 1(New Student) _____

Does your child need clubs? _____ If yes, how tall is your child: _____ inches

Summer Program Classes: Tuesday or Thursday:

Times: 9:00-10:00 or 10:30-11:30

Student attends class ONCE a week on the particular DAY & TIME

Maximum per class is 8 students and Minimum is 3 students

*Minimum age is 10 years old. All 9 and under students will be taught by RockJrProgram
at Harmon Golf in Rockland, MA. (Concord Street)

WEEKLY LESSON Program: \$150.00 _____ Jr Golf Special: Jr. Golf Play Cards (10 rounds of 9 holes at Strawberry Valley GC): \$100.00
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Parent/Guardian Release Form for Children Under 18 Years of Age
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EMERGENCY CONTACT
Name: _____ Telephone: _____
Name: _____ Telephone: _____

As the Parent/Legal Guardian of the participant in the above reference program, I certify that I have sufficient medical coverage in the event of physical injury to the participant. I do hereby release, discharge, and/or otherwise indemnify the **ROCK JR GOLF SCHOOL, Junior Tournament Players Association and C. P. & L. INC.** and **CALM Golf Inc**, its guest instructors, agents and employees against any claim by or behalf of myself, the participant, or his/her immediate family as a result of any injury occurring during his/her participation in the program, of instruction and play, and any waiting periods upon arrival and after dismissal.

Signature: _____ **Date:** ___/___/2017

Print Name: _____

Relationship: _____

Checks payable to: CALM Golf Inc

Amt Paid: _____ **Cash:** ___ **Check #:** _____ **CC/SVGC** _____ **Received by:** _____

Circle required info: Class: Tuesday Thursday Time: 9:00-10:00 10:30-11:30