

Hilly Haven Junior Golf Clinics 2017 Registration

Ages 7-17

INCLUDE FORM & CHECK and Mail to: Hilly Haven Golf Course, 5911 County Rd PP, De Pere, WI 54115

Prior to First Week of Clinic

Parent's Name _____ Phone _____ Mobile _____

Child's Name _____ Gender _____ Birthdate (m/d/yr) _____

Address _____

Email _____

Medical Conditions: (circle one) Yes / No If yes, state condition _____

Food Allergy: (circle one) Yes / No If yes, state condition _____

REGISTRATION IS BY THE WEEK YOU WOULD LIKE TO ATTEND (circle one)

Clinics are grouped by age and ability & NEW for 2017 will incorporate FUN golf games! ☺

Beginner Clinics: Ages 7-11 – For younger juniors that are interested to learn and play the game.

Intermediate Clinics: Ages 10-15 – For juniors that have some experience and looking for the next level.

Advanced Clinic: Ages 14-17 For juniors already playing multiple rounds per season, know basic etiquette/rules and looking to enhance their skills. Must have their own clubs. Clinic is 1 day at Practice Facility & 1 day on course.

#1 (Beginner)	June 13 th , 14 th & 15 th	10 a.m. – 12 p.m.
#2 (Intermediate)	June 20 th , 21 st & 22 nd	10 a.m. – 12 p.m.
#3 (Advanced)	June 28 th & 29 th	12 p.m. – 2 p.m.
#4 (Beginner)	July 11 th , 12 th & 13 th	10 a.m. – 12 p.m.
#5 (Intermediate)	July 18 th , 19 th & 20 th	10 a.m. – 12 p.m.

Fees: \$60 which are due prior to first week of clinic (includes instruction, equipment, playing lesson, golf polo shirt, rules keychain, daily snack & FREE 10 round pass for junior to use any time throughout the 2017 season)

Golf Polo (circle one) **Youth:** Small Med Large XL **Adult:** Small Med Large XL

WAIVER AND RELEASE FROM LIABILITY

I RELEASE AND DISCHARGE **Hilly Haven Golf Course Inc.** AND ANY OF ITS MEMBERS, LEADERSHIP, OR VOLUNTEERS FROM ANY AND ALL LOSS, LIABILITIES, CLAIMS, DEMANDS, OR CAUSES OF ACTION THAT MAY OCCUR FROM ANY MEMBER OF MY FAMILY PARTICIPATING IN ANY GOLF PROGRAMS.

I UNDERSTAND THAT WATCHING, COACHING, AND PLAYING GOLF ALL HAVE INHERENT DANGERS THAT CANNOT BE ELIMINATED. RISKS ASSOCIATED WITH THESE ACTIVITIES INCLUDE, BUT ARE NOT LIMITED TO, PERSONAL INJURY, OR LOSS OF OR DAMAGE TO BELONGINGS.

Signed _____
(parent or legal guardian)

Date _____

Hilly Haven Staff Only:		Amount	Date	Initials
payments:	Dues:			