BRISTOL OAKS
Golf Club & Banquet Center
16801-75th Street (Hwy. 50), Bristol, WI 53104
Ph: (262) 857-2302: Fax: (262) 857-2170

2018 Bristol Oaks Junior Golf Program Form

JR. First Name: _____ **JR. Last Name:** _____

JR. Age: _____ **Junior Group (7-17) - $100** _____

Guardian's First Name: _____ **Guardian's Last Name:** _____

Address: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **E-Mail Address:** _____

Allergies/Medication: _____

Additional Family Members: Junior Family Members - $50 _____

Junior Group Date & Time Slots

Thursday, June 21st	**8:30 am – 9:30 am** _____	**10 am – 11 am** _____	**5 pm – 6 pm** _____
Thursday, June 28th	**8:30 am – 9:30 am** _____	**10 am – 11 am** _____	**5 pm – 6 pm** _____
Thursday, July 12th	**8:30 am – 9:30 am** _____	**10 am – 11 am** _____	**5 pm – 6 pm** _____
Thursday, July 19th	**8:30 am – 9:30 am** _____	**10 am – 11 am** _____	**5 pm – 6 pm** _____
Thursday, July 26th	**8:30 am – 9:30 am** _____	**10 am – 11 am** _____	**5 pm – 6 pm** _____
Thursday, August 2rd	**8:30 am – 9:30 am** _____	**10 am – 11 am** _____	**5 pm – 6 pm** _____

_____ *I HEREBY GIVE PERMISSION FOR MY CHILD, NAMED ABOVE, TO PARTICIPATE IN THE GOLF CLINIC. I GIVE MY PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY TREATMENT IN CASE I CANNOT BE LOCATED. AS CONSIDERATION FOR BEING PERMITTED TO PARTICIPATE IN ACTIVI-TIES SPONSORED BY BRISTOL OAKS GOLF CLUB AND/OR USING EQUIPMENT OF SAID CLUB, EACH PARTICIPANT AGREES TO ASSUME ALL LIABILITY FOR INJURY AND/OR DAMAGE RESULTING FROM SUCH PARTICIPATION AND FURTHER AGREES TO HOLD BRISTOL OAKS FREE AND HARMLESS ON ACCOUNT OF ANY ACT OF OMISSION OR COMMISSION OR NEGLIGENCE ON THE PART OF SAID CLUB, STAFF OR VOLUNTEERS.*

_____ _____ _____
Signature **Print Name** **Date**

NOTE: Bristol Oaks does not sell to, or share personal information with any person or organization.