

2017 TODDLER GOLF CLINICS

Boys & Girls
(ages 3 & 4 yrs.)



at the



Spring, Summer & Fall Sessions
5:00 – 6:00pm

HIGHLANDS GOLF PARK
10421 Seminole Trail ~ PO Box 525
Ruckersville, VA 22968 ~ (434) 985-2765
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www.HighlandsGolfPark.com
www.Facebook.com/HighlandsGolfPark

TODDLER GOLF CLINICS

Sign your Toddler up for Golf Class!!

The programs are a great way for toddlers to be introduced to golf and have fun learning about the game!! Gretchen Scheuermann, an LPGA Class A Teaching Professional, will lead these unique classes. Each session includes quality instruction in a fun & relaxed atmosphere!!

SPRING SESSION (\$65.00)

Wednesdays (April 19, 26, May 3, 10)
5:00 - 6:00pm

SUMMER SESSION (\$65.00)

Thursdays (June 22, 29, July 6, 13)
5:00 - 6:00pm

FALL SESSION (\$65.00)

Wednesdays (Sept. 13, 20, 27, Oct. 4)
5:00 - 6:00pm

Clubs can be provided to use during the classes – so, it is not necessary for participants to have their own equipment. If interested, the Highlands also sells U.S. Kids Clubs

Classes take place Rain or Shine!



2017 TODDLER CLINICS

Camper's First Name		Last Name
(Address) Street		
City	State	Zip
Date of Birth	Age	Gender
Contact Person		
Contact Phone		
Contact Email		

I give permission for the Highlands to use video &/or photos of me/my child for promotional purposes.

Participant will attend:

- Spring Session \$65
 Summer Session \$65
 Fall Session \$65

HEALTH INFORMATION

Please note if the camper should be restricted from any activity:

Will the camper be taking medication during the camp?

YES NO

If YES, please indicate name of drug and dosage. _____

Please identify any medical condition/allergies which would require special attention: _____

I, the parent of _____, certify that he/she is physically able to participate in the Golf Camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program. I give permission for my child to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me before taking this action. I hereby waive and release the Highlands, the Camp Staff, Camp Management and Sponsors from any liability for any injury or illness incurred while at camp. I understand that there is a risk of injury to my child as a result of camp activities, and knowingly and voluntarily assume all risk of such injury. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp.

Print Name _____ Date _____

Signature _____

Best Contact Method _____