

# 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  
[info@highlandsgolfpark.com](mailto:info@highlandsgolfpark.com)  
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## 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)

Thursdays (Sept. 14, 28, Oct. 5, 12)  
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 \_\_\_\_\_