



Is the player...  
 Right-Handed  or Left-Handed

**2019 Junior**

**Golf Lessons**

**First come, first serve.**

**Participant Name:** \_\_\_\_\_ **Circle M/F**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Guardian Home Phone:** \_\_\_\_\_ **Guardian Work Phone:** \_\_\_\_\_

**Age:** \_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Shirt Size: Circle one (Adult/Youth) S M L XL XXL**

**E-Mail:** \_\_\_\_\_

Session	Date	Time	Age Group (circle one)
1	June 10-14	8:00 – 9:00 AM	5-8
		9:30 – 10:30 AM	9-12
		11:00 AM – 12:00 PM	13+
2	June 17-21	8:00 – 9:00 AM	5-8
		9:30 – 10:30 AM	9-12
		11:00 AM – 12:00 PM	13+

**Physician Name:** \_\_\_\_\_ **Physician Phone Number:** \_\_\_\_\_

I hereby release the above name to the care of Steve Land or Bill Smith, PGA & Associates, Inc. d/b/a Smock Golf Course. Should he/she need medical attention while under such care, the Smock Professional Golf Staff or another person designated by Smock Professional Staff, has my permission to seek medical attention for any injury or death that may result, from any provided health care.

I do hereby waive, release and discharge Steve Land or Bill Smith, PGA & Associates, Inc. d/b/a Smock Golf Course and its officers, staff, employees, and agents, of any and all rights and claims for damages resulting from injury of person or property, which may be sustained or suffered by the participant in connection with his/ her connection with his/her association with or participation in any event or activity in connection with the participants involvement with this program, or arising out any travel to or from Smock Golf Course. I give Smock Golf Course and the permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against Smock Golf Course and the respect to copyright ownership and publication, including any claim for compensation related to use of the materials. We, the parent (s) or legal guardian, agree to the above waiver and release, joining them.

**Parent/Guardian Signature:** \_\_\_\_\_

**PRINT Parent/ Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_

**Lesson Fee: \$120**

**Make Check Payable to:** Smock Golf Course Junior Program

3910 East County Line Rd., Indianapolis, IN 46237-9317