

***2020 Junior Golf Camp***

**Instruction: Swing, Pitching, Chipping, Putting**

**Camp Includes: Daily Refreshements, Prizes, Camp Tee-shirt, Pizza party on Friday**

**Director of Golf: Ken Washam ken@smockgolf.com**

**Teaching Professional: Bill Smith** **billsmith57@att.net**

**Circle - Shirt Size: Adult or Youth - S, M, L, XL, XXL Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guardian Home/Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guardian Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Circle Session:**

|  |  |  |  |
| --- | --- | --- | --- |
| Session  | Date | Age Group (circle one) | Time |
| 1 | July 13-17 | 5-89-1213+ | 8:00am– 9:15 am9:45am – 11:00 am11:30am – 12:45 pm |
| N/A | N/A | N/A | N/A |

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

I hereby release the above name to the care of 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 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 likeliness 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 or legal guardian, agree to the above waiver and release, joining them.

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

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

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

Lesson Fee: $125 per week

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

Camp will be held at: Smock Driving Range 4225 Todd Rd. Indianapolis, IN 46237