



2021 Junior Golf Camp

Instruction: Swing, Pitching, Chipping, Putting

Camp Includes: Daily Refreshments, Prizes, Camp T-shirt, Friday – Pizza party

For more information:

Smockgolf.com

Smock Pro Shop 317-888-0036

Smock Driving Range 317-888-4863

Teaching Professional: Bill E. Smith

billesmith57@att.net

Director of Golf: Ken Washam

ken@smcokgolf.com

Participant Name: _____

Address: _____

City: _____ **ZIP:** _____

Guardian Cell Phone: _____ **E-Mail:** _____

Age: _____

Shirt Size: Circle one (Adult/Youth) S – M – L – XL - XXL

<u>Session</u>	<u>Date</u>	<u>Age Group</u>	<u>Time</u>
1	June 7-11	5-8	8:00 – 9:15 AM
1	June 7-11	9-12	9:45 – 11:00 AM
1	June 7-11	13+	11:30 AM – 12:45 PM

Physician Name: _____ **Physician Phone Number:** _____

I hereby release the above name to the care of Ken Washam 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 Ken Washam 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: \$125 Make Check Payable to: Smock Golf Course Junior Program

Camp will be held at:

Smock Driving Range

4225 Todd Rd. Indianapolis, IN 46237