

***2022 Junior Golf Camp***

**Instruction: Swing, Pitching, Chipping, Putting, On Course Play**

**Camp Includes: Daily Refreshments, Prizes, Camp Gear, Friday – Pizza party**

**For more information: Teaching Professional: *Bill E. Smith***

**Smockgolf.com** billesmith57@att.net

**Smock Pro Shop 317-888-0036**

**Smock Driving Range 317-888-4863 Director of Golf: *Ken Washam***

ken@smcokgolf.com

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**Guardian Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age: \_\_\_\_­­­\_\_\_\_\_\_\_\_\_**

 **Camp: June 6th – 10th**

**Monday – Wednesday… by age/time Thursday - Friday - All participants…see times below**

|  |  |  |  |
| --- | --- | --- | --- |
| **Session**1 | **Date**June 6-8thJune 6-8thJune 6-8th | **Age Group**5-89-1213+ | **Time**8:00 AM – 9:15 AM9:45 AM – 11:00 AM11:30 AM – 12:45 PM |
|  | June 9th | All ages  | 8:00 AM – 10:45 PM  |
|  | June 10th | All ages | 11:30 AM – 1:00 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 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 (s) or legal guardian, agree to the above waiver and release, joining them.

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

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

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

**Camp Fee: $125**

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

**Mail check and registration form to:** **Camp will be held at:**

Smock Golf Course Smock Driving Range

Attn. Junior Golf 4225 Todd Rd.

3910 E. Co. Line Rd Indianapolis, IN 46237

Indianapolis, IN 46237