



2026 Junior Golf Camp

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

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

Smock Driving Range: 317.888.4863 Teaching Professional: Bill E. Smith & Robert Delaplane
Smock Pro Shop: 317-888-4863 Director of Golf: Jennifer Harris

Participant Name:

Address:

City: _____ **ZIP:** _____

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

Age as of 6/8/26: _____

Camp: June 8th – 12th

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

<u>Session</u>	<u>Date</u>	<u>Age Group</u>	<u>Time</u>
1	June 8 th -10 th	5-8	8:00 AM – 9:15 AM
2	June 8 th -10 th	9-12	9:45 AM – 11:00 AM
3	June 8 th -10 th	13+	11:30 AM – 12:45 PM
4	June 11 th	All ages (Everyone)	8:00 AM – 10:45 PM
5	June 12 th	All ages (Everyone)	11:30 AM – 1:00 PM

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

I hereby release the above name to the care of Jennifer Harris, Bill Smith, Robert Delaplane, 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 Jennifer Harris, Bill Smith, Robert Delaplane, Capital City Golf Management LLC. 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:

Camp Fee: \$150

Make Check Payable to: Smock Golf Course

Camp will be held at:

Smock Driving Range

4225 Todd Rd. Indianapolis, IN 46237