## 2019

## Wildwood Junior Golf Schedule

Monday, June 10<sup>th</sup> – 9:00AM/10:30AM – Clinic Day\*

Monday, June 17<sup>th</sup> – 9:00AM – Round #1

Monday, June 24th - 9:00AM/10:30AM - Clinic Day\*

Monday, July 1<sup>st</sup> – 9:00AM – Round #2

Monday, July 8<sup>th</sup> – 9:00AM – Round #3

Friday, July 19th - 9:00AM - Skills Challenge

Monday, July 22<sup>nd</sup> – 9:00AM – Scramble Round

Monday, July 29<sup>th</sup> – 9:00AM – Tournament & Pool Party

\*Clinic Days – 9 Years and under begin at 9:00 AM. 10 Years and older begin at 10:30 AM. Clinics last for 1:15.

## Wildwood Junior Golf – 2019 Registration Form One Form Per Child

Participant's Name	Age	Holes (Circle One)		
		3, 6, or 9		
Guardian				
Address				
Phone				
E-mail				
Shirt Size				
Known Allergies or Health Restrictions:				
Fee: (Circle One)				
Member child or grandchi	ild - \$100			
Non-Member child - \$180	)			

Cash or check is acceptable

Please make checks payable to Jordan Lawson

## **Waiver of Liability**

This agreement releases Wildwood Golf Club from all liability relating to injuries or death that may
occur to my child or dependent on Wildwood Golf Club Property. By signing this agreement, I agree to
hold <b>Wildwood Golf Club</b> entirely free from any liability, including financial responsibility for injuries
incurred or death, regardless of whether injuries or death are caused by negligence.

I also acknowledge the risks involved in **the Junior Golf Program**. These include but are not limited to **injury or death**. I swear that my child or dependent is participating voluntarily, and that all risks have been made clear to me. Additionally, my child or dependent does not have any conditions that will increase their likelihood of experiencing injury or death while engaging in this activity.

By signing below I forfeit all right to bring a suit against **Wildwood Golf Club** for any reason. I and my child or dependent will make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I,, fully understand and agree to the above terms.			
(Child or Dependent's Name)	Date		
(Parent or Legal Guardian)	Date		