

2018

Wildwood Junior Golf Schedule

Sunday, June 10th – 2:00PM – Information Meeting

Monday, June 11th – 9:00AM/11:00AM – Clinic Day*

Monday, June 18th – 9:00AM – Round #1

Monday, June 25th – 9:00AM/11:00AM – Clinic Day*

Monday, July 2nd – 9:00AM – Round #2

Monday, July 9th – 9:00AM – Round #3

Monday, July 16th – 9:00AM – Round #4 - Scramble

Monday, July 23rd – 9:00AM – Skills Challenge

Monday, July 30th – 9:00AM – Tournament & Pool Party

*Clinic Days – 9:00 AM for 9 & under. 11:00 AM for 10 & older

Clinics are 90 minutes long.

Wildwood Junior Golf – 2018 Registration Form

One Form Per Child

Participant's Name _____ Age _____ Holes (Circle One)
3, 6, or 9

Guardian _____

Address _____

Phone _____

E-mail _____

I can volunteer on: _____

Known Allergies or Health Restrictions: _____

Fee: (Circle One)

Member child or grandchild - \$60

Non-Member - \$160

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 **Wildwood Golf Club** 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