

2019 JUNIOR



GOLF PROGRAM



JUNE 19 - AUGUST 14

CAMP DETAILS

JUNE 19 to AUGUST 14
Every Wednesday 9am-11am
(No class July 4th week)

\$90 PER GOLFER

Bring driver, putter, a few irons
& some golf balls

OPEN TO AGES 7-17
beginner/intermediate/advanced

KIDS WILL CELEBRATE THE
LAST DAY WITH LUNCH, PRIZES
& AWARDS 11am - 12pm

T-SHIRTS INCLUDED

LOOKING FOR A GREAT OPPORTUNITY

Our Jr. Program at Hidden Hills Golf Club is a great way to learn fundamentals & mechanics of the game, safety and lessons to be applied in life. Putting, chipping, full swing, & golf etiquette will be covered in our 8 week program. (previous skill set will also determine level of instruction) Join us once a week for a great summer learning the game of golf. Don't miss out!!

REGISTER TODAY

Return registration & medical form to Hidden Hills Golf Club no later than June 5th.

Cash / Check / Credit Card (4% added charge for all CC)
Please call with any questions.

HIDDEN HILLS GOLF CLUB / 4900 CR 16 WOODVILLE, OH 43469 / CLUBHOUSE 419.849.3693

PLEASE COMPLETE THIS FORM FOR EACH CHILD YOU HAVE PARTICIPATING - THANK YOU!

CIRCLE SHIRT SIZE - YS YM YL YXL ADULT S ADULT M ADULT L

Emergency Contact and Medical Information for a Child

Child's Name _____		Date of Birth _____		M	F
				Sex	
Parent's/Guardian's Name _____		Parent's/Guardian's Name _____			
() _____	() _____	() _____	() _____		
Home Phone	Work Phone	Home Phone	Work Phone		
Address _____		Address _____			
City, ST ZIP Code _____		City, ST ZIP Code _____			

Alternative Emergency Contacts

Primary Emergency Contact _____		Secondary Emergency Contact _____	
() _____	() _____	() _____	() _____
Home Phone	Work Phone	Home Phone	Work Phone
Address _____		Address _____	
City, ST ZIP Code _____		City, ST ZIP Code _____	

Medical Information

Hospital/Clinic Preference _____	
Physician's Name _____	Phone Number _____
Insurance Company _____	Policy Number _____
Allergies/Special Health Considerations _____	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____

Date _____

For Hidden Hills Staff Use

Payment Made:

Date: _____

Cash _____ Check _____ Credit Card _____