



Junior Golf Clinics

Ages: 6 - 17 Fee:

\$60.00 (See below for reduced fee information)

Location: **Sleepy Ridge Golf Course**

Junior Golf Clinics are multiple day instructional golf classes. Clinics are designed for beginning, intermediate and expert junior golfers to teach them the fundamentals of the game. Participants will become more comfortable with the rules, etiquette and techniques of golf. Clinics are setup so players can take more than one session and continue to advance their skill level. Session dates and times vary, check the schedule for available dates. Participants will receive three hours of golf instruction, one and a Jr. Golf Participant Package.

No Equipment Necessary!!!

<u>Register at:</u>

The Links At Sleepy Ridge Golf Course 730 Sleepy Ridge Dr. Orem, UT 84059 (801) - 434 - 4653

	Session Dates	<u>Session</u> <u>Times</u>	Session <u>#</u>
	June 12-14 Mon, Tue, Wed	8:00 AM - 9:00 AM	01
	June 12 - 14 Mon, Tue, Wed	9:30 AM - 10:30 AM	02
	June 26 - 28 Mon, Tue, Wed	8:00 AM – 9:00 AM	03
	June 26 - 28 Mon, Tue, Wed	9:30 AM – 10:30 AM	04
7	July 10 - 12 Mon, Tue, Wed	8:00 AM – 9:00 AM	05
	July 10 - 12 Mon, Tue, Wed	9:30 AM - 10:30 AM	06
	July 31-Aug 2 Mon, Tue, Wed	8:00 AM - 9:00 AM	07
	July 31-Aug 2 Mon, Tue, Wed	9:30 AM - 10:30 AM	08
	Aug 7 - 9 Mon, Tue, Wed	8:00 AM - 9:00 AM	09
	Aug 7 - 9 Mon, Tue, Wed	9:30 AM - 10:30 AM	10

Can't get enough?

A discount will be applied for individuals signing up for multiple sessions. Each Session after the first one will qualify for a \$10 discount!



Session #:

JUNIOR GOLF REGISTRATION FORM

(Please Print) Name of Player_			Boy	Girl	Grade	Birthda	te	Age	
	(Last Name)	(First Name)							
Address			City		_Zip	S	chool		
Name of Parent of	or Guardian		_Home Ph	one:		Work:		Email:	
In an Emergency please notify (Other than Parent or Guardian)							Phone:		

Parental/ Participant Statement of Agreement Assumption of Risk, Liability Release, Indemnification and Refund Policy

<u>Release & Indemnification</u>: I hereby, recognize and acknowledge my child's participation in recreational activities may involve bodily injury and/or emotional injury to myself and/or my child. In consideration of my child being able to participate in such events, I, for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive, and discharge Sleepy Ridge, and its officers, employees and volunteers from any and all suits, claims or liability, including

negligence, based on any injury except that caused solely by the willful misconduct of Sleepy Ridge, that may result from my child's participation in Sleepy Ridge activities. In addition, I agree that I or my insurance company will pay for medical, hospitalization or any other expenses resulting from my child's participation.

<u>Emergency Treatment:</u> I hereby authorize Sleepy Ridge program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. I understand that I or my insurance company will pay for such emergency treatment.

<u>Equal Opportunity</u>: Sleepy Ridge Recreation provides equal opportunity to participate regardless of race, creed, gender, and will, upon request, provide reasonable accommodations to individuals with disabilities. By signing this assumption of risk, liability release, indemnification and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosures, and that I agree to its terms.

Parent/Guardian Signature	Date:			
For Office Use Only:	Amount:	Receipt #:	Date:	Ву: