

Sleeky Ridge Junior Golf Clinics



Ages: 7 - 17

Fee: \$65.00 (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!!!

Register at:

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

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 Dates	Session Times	Session #
June 10-12 Mon, Tue, Wed	8:00 AM – 9:00 AM	01
June 10 - 12 Mon, Tue, Wed	9:30 AM - 10:30 AM	02
June 24 - 26 Mon, Tue, Wed	8:00 AM – 9:00 AM	03
June 24 - 26 Mon, Tue, Wed	9:30 AM – 10:30 AM	04
July 8 - 10 Mon, Tue, Wed	8:00 AM – 9:00 AM	05
July 8 - 10 Mon, Tue, Wed	9:30 AM - 10:30 AM	06
July 29–July 31 Mon, Tue, Wed	8:00 AM – 9:00 AM	07
July 29-July 31 Mon, Tue, Wed	9:30 AM - 10:30 AM	08
Aug 5 - 7 Mon, Tue, Wed	8:00 AM – 9:00 AM	09
Aug 5 - 7 Mon, Tue, Wed	9:30 AM - 10:30 AM	10





SLEEPY RIDGE

Session #:					-	
JUNIOR (GOLF R	REGIST	RATION	<u>FORM</u>		
$\begin{array}{c} \text{(Please Print)} \\ Name \ of \ Player \\ \hline \qquad \qquad \text{(Last Name)} \end{array} \tag{First Name)}$	Boy	Girl	Grade	Birthdate	Age	
Address	_ City		Zip	School _		
Name of Parent or Guardian						
In an Emergency please notify (Other than Parent or Guardian)			Phon	Phone:		
Parental/ Participant Statement of Agreement Release & Indemnification: I hereby, recognize and ack injury and/or emotional injury to myself and/or my child my child, my heirs, my executors and administrators, he and discharge Sleepy Ridge, and its officers, employees negligence, based on any injury except that caused solel pation in Sleepy Ridge activities. In addition, I agree the penses resulting from my child's participation. Emergency Treatment: I hereby authorize Sleepy Ridge an emergency involving my child, and agree to assume understand that I or my insurance company will pay for a Equal Opportunity: Sleepy Ridge Recreation provides quest, provide reasonable accommodations to individuation and refund policy statement, I acknowledge that I hat that I agree to its terms.	nowledge in d. In considerately volunt and volunt y by the what I or my expression program full responsuch emergequal opposits with dissipation.	my child's deration of tarily and eers from illful miscon insurance staff to ac sibility for gency treat ortunity to abilities. I	participation from the company of th	n in recreational accepting able to partice indemnify and holds suits, claims or liable leepy Ridge, that is will pay for medical alf in accordance ves, medical or other regardless of race, his assumption of	tivities may involve bodily ipate in such events, I, for myself, d harmless, defend, release, waive, bility, including may result from my child's particial, hospitalization or any other exwith their best judgment in case of rwise, that may arise there from. I, creed, gender, and will, upon rerisk, liability release, indemnifica-	
Parent/Guardian Signature:					Date:	
For Office Use Only: Amount: Re	eceipt #:		Date: _		Ву:	