

**GOLF**

**Bellefontaine Jt. Rec. District
Jr. Golf at Cherokee Hills Golf Course**

4622 Rd. 49

Grades: K – 8th

Please Print:

Players Name: _____ Age: _____

Street Address: _____ Telephone #: _____

Email Address: _____

Father's Name: _____ Mother's Name: _____

Please mark which age group you will be in:

_____ K-2nd grade – Monday June 21st – 9:00 am – 1:00 pm **FEE- \$25.00**

_____ 3rd-5th grade – Tuesday June 22 & Wednesday June 23 – 9:00 am – 2:00 pm – **FEE - \$50.00**

_____ 6th-8th grade – Thursday June 24 & Friday June 25 – 9:00 am – 2:00 pm – **FEE - \$50.00**

Having been informed of the Jr. Golf at Cherokee Hills in Bellefontaine, Ohio, to provide unsupervised golf activities for youth I/we the parents of the above named youth do hereby give my/our approval to participate in any and all activities during the program. I/we do assume all risks and hazards incidental to the conduct of the activities, transportation to and from the activities; and I/we do further hereby release, absolve, indemnify and hold harmless, the Bellefontaine Joint Rec. Dist., the organizers, sponsors, and the supervisors appointed by them. I/we likewise release from responsibility any person transporting the above name player to and from the activities.

Parent/Guardian's signature: _____ Date: _____

Golf Clinic Fee: _____ Paid
(checks made out to Cherokee Hills)

T-Shirt Size circle one: Adult – S M L XL Youth – S(6-8) M(10-12) L(14-16)

Golf Clubs:

_____ I need a set of Golf Clubs

_____ I have a set of Golf Clubs

Tear off and save this portion

Golf Clinic

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3rd-5th grade – Tuesday June 22 & Wednesday June 23 – 9:00 am – 2:00 pm

6th-8th grade – Thursday June 24 & Friday June 25 – 9:00 am – 2:00 pm

T-shirts and lunch will be provided by Cherokee Hills