2023 Junior Golf Registration

Child(s) Name and Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child has his/her own clubs: YES or NO Years Playing \_\_\_\_\_

Parent’s Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you live on Nantucket Year Round? YES or NO

If no….what City and State do you live in?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Consent and Waiver:**

In consideration of my child’s participation, I hereby release the Miacomet Golf Course, NGM inc., Nantucket Islands Landbank and any of their employees, instructors, agents, from any and all present and future claims resulting from its or their negligence or intentional acts and/or failures to act for property damage, personal injury, or wrongful death, arising as a result of my child engaging in or receiving instruction in Golf Camp activities. I hereby voluntarily waive any and all claims resulting from any such negligence or intentional conduct, both present and future, that may be made by my child, or family member. I certify that my child is in good health and is able to participate in physical activities. In the event of illness or injury, I grant permission for the staff to take appropriate action for my child’s health and safety and to obtain any necessary medical assistance. I will be fully responsible for all medical expenses incurred by my child while attending the Junior Golf Program.

Signature of Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

Payment Options:

□ Credit Card Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp date \_\_\_\_\_

Email registrations to Jack@Miacometgolf.com

THURSDAY JUNIOR GOLF AT SCONSET GOLF COURSE

On course play and practice (Must attend one clinic at Miacomet Driving Range before playing at Sconset)

*$75 Per Session*

*Age Group (circle 1)*

***7-8, 9-10, 11-12, 13-17***

Child’s name(s):

\_\_\_\_\_\_\_\_\_

*Thursdays: 12-2:30PM*

|  |  |
| --- | --- |
| June 29 |  |
| July 13 |  |
| July 20 |  |
| July 27 |  |
| August 3 |  |
| August 10 |  |
| August 17 |  |
| August 24 |  |
| August 31 |  |

*Clinic Total: $\_\_\_­­­\_*

*Cancellation Policy:*

*Charges will be billed each week within 7 days of scheduled clinic date. Any cancellations must be made 7 or more days prior via email in order to not be charged for the previously assigned clinic. Lack of cancellation / no-shows will result in the charging of that week’s scheduled clinic.*