NEW Youth Golf Clinic
Co-Ed Camp

Boys-Girls ages 7-14
$25 Per Person, Per Session
Sponsored by Wickliffe Recreation Department

Two Sessions Available

Session I: **June 4 through June 13 - Tuesday and Thursday 11:30 am – 1:30 pm**
Session II: **June 18 through June 27 - Tuesday and Thursday 11:30 am – 1:30 pm**

Boys-Girls ages 7-14 $25 per session (minimum 4 maximum 12 per session) If you have your own clubs please bring them. Green Ridge will supply clubs if needed: however a limited amount of clubs are available. Green Ridge will supply all golf balls and golf tees. If clinic numbers are strong and interest is there we will start a youth league in July!

Clinic Instructed by WHS Golf Coach Mike Cackowski and the WHS Golf Team.
Clinic held at Green Ridge Golf Course.

PLAYER CONTRACT, PLEASE FILL OUT IN CHILD'S NAME.

NAME_____ BIRTHDATE _____ GRADE ENTERING '19 -'20_____

ADDRESS_____ CITY/STATE/ZIP_____AGE_____

PHONE_____ABLE TO RECEIVE TEXT (CIRCLE) YES OR NO

EMAIL_____

CIRCLE SHIRT SIZE: SM-YOUTH M-YOUTH L-YOUTH SM-ADULT M-ADULT L-ADULT XL-ADULT

In case of injury, while participating in the "Wickliffe Youth Golf Clinic" we the parents of the above name child, will not hold the coaches, instructors, school personnel, the Wickliffe School Board of Education or the City of Wickliffe responsible for any injury incurred at the above function.

SIGNED BY: _____
(Parent or Legal Guardian Signature)

PLEASE PRINT PARENT'S NAMES:
MOTHER: _____ FATHER: _____

In the event reasonable attempts to contact me or my spouse have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:
Physician Dr._____Phone_____
Preferred Dentist Dr. _____ Phone_____
or if neither is available, by another licensed physician or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity of such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken and physical impairments to which a physician should be alerted: _____
Signature of parent _____ Date _____

REFUSAL TO CONSENT: (DO NOT COMPLETE IF TO GRANT CONSENT ABOVE IS COMPLETED)

I do not give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the "Wickliffe Youth Golf Clinic" authorities to take no action.
Signature of parent _____ Date _____

Make checks payable to City of Wickliffe

Mail to:
Wickliffe Recreation Dept.
28730 Ridge Rd.
Wickliffe, Ohio 44092