

**2019 USKIDS GOLF CAMPS – REGISTRATION FORM
GOLF CLUB OF DUBLIN – DUBLIN, OH
PRESENTED BY MIKE CROTTY-PGA GOLF PROFESSIONAL-614-581-4463**

Student's Name _____ **M** ___ **F** ___ **Right** ___ **Left** ___ **Handed**

Address _____ **City** _____ **St** _____ **Zip** _____

Birth Date ___/___/___ **Phone** ___/___/___ **Cell** ___/___/___

Parents/Guardians _____

Email Address _____ **Years of Experience** _____

Instruction for developing fundamentals, awareness, and interest in the game of golf.

PLEASE CHECK THE CAMP/S DESIRED: AGES 7-15 7 WEEKS CLASS SIZE MAX. 6 MIN. 4

USKIDS 1 ___ **SAT. 4/27-6/08 12-1:00 Cost \$175 RAIN DATE - 6/15**

USKIDS 3 ___ **SAT. 6/22-8/03 12-1:00 Cost \$175 RAIN DATE - 8/10**

USKIDS 5 ___ **SAT. 8/17-9/28 12-1:00 Cost \$175 RAIN DATE- 10/05**

USKIDS 2 ___ **SAT. 4/27-6/08 1-2:00 Cost \$175 RAIN DATE - 6/15**

USKIDS 4 ___ **SAT. 6/22/8/03 1-2:00 Cost \$175 RAIN DATE - 8/10**

USKIDS 6 ___ **SAT. 8/17-9/28 1-2:00 Cost \$175 RAIN DATE -10/05**

Total Enclosed \$ _____ **PLEASE MAKE CHECK PAYABLE TO – MIKE CROTTY**
MAIL TO – P. O. BOX 333, MARYSVILLE, OH 43040 DO NOT MAIL OR MAKE PAYMENT TO
GOLF CLUB OF DUBLIN!

*****THERE ARE NO REFUNDS FOR ALL GOLF PROGRAMS. NO MAKE UP DAYS ARE AVAILABLE!! (no vacations, family things, sickness)**

Waiver:

This is to certify that I, as a parent/guardian with legal responsibility for my minor child or ward, acknowledge that my child or ward, will be engaged in activities that involve risk of injury at GC of Dublin, and that I do recognize and assume that risk, whether foreseeable or not reasonably foreseeable on be half of my child or ward, and consent on behalf of my child or ward, in connection with participation in activities of recreation and instruction at GC of Dublin. On behalf of my child or ward and his/her legal representatives, I hereby release and agree to indemnity of GC of Dublin, their affiliates, administrators, directors, agents, coaches, and their employees, other participants, and sponsor agencies, from any and all claims and damages instituting or arising out of my minor child's or ward's involvement or participation in the programs at GC of Dublin. I do hereby authorize GC of Dublin and its assigns to utilize any and all photographs, pictures, or likenesses of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials, including electronic media.

Parent/Guardian
Signature _____

Date _____

MUST HAVE REGISTRATION & FEE TO MAKE SURE YOU HAVE A PLACE. SUBJECT TO AVAILABILITY!!

MAIL TO: MIKE CROTTY - P. O. BOX 333 - MARYSVILLE, Oh 43040 Mike Crotty 614-581-4463

EMAIL - mcrotty@pga.com suzicrotty@aol.com

