



# JUNIOR GOLF CLINIC

Junior Clinics for ages 7-16 provides an exciting environment for junior golfers to learn and develop their golf and athletic abilities. Instruction incorporates putting, chipping, pitching and full swing on practice area and course. Juniors must provide their own clubs.

**TUESDAY & THURSDAY'S 9:00am-12:00pm**

**JUNE | 2, 7, 9, 14, 16, 28 & 30**

**JULY | 5, 7, 12, 14, 26 & 28**

**AUGUST | 2, 4, 9, 11, 23, 25 & 30**

PROFESSIONAL GOLF INSTRUCTION

-\$60 PER CHILD/PER CLINIC-

Lunch is included with child's selection of a hot dog, brat, sausage or deli sandwich. Lunch comes with chips and a beverage. If child's food preference or dietary needs do not allow child to consume one of these selections, parent/guardian must provide a packed lunch at check-in.

## 2022 JUNIOR GOLF CLINIC REGISTRATION

JUNIOR GOLFER'S NAME

AGE

CURRENT SCHOOL

ADDRESS

CITY

ZIP

SELECT DATE(S):

PARENT/GUARDIAN'S NAME

June: \_\_2<sup>nd</sup> \_\_7<sup>th</sup> \_\_9<sup>th</sup> \_\_14<sup>th</sup> \_\_16<sup>th</sup> \_\_28<sup>th</sup> \_\_30<sup>th</sup>

July: \_\_5<sup>th</sup> \_\_7<sup>th</sup> \_\_12<sup>th</sup> \_\_14<sup>th</sup> \_\_26<sup>th</sup> \_\_28<sup>th</sup>

PARENT/GUARDIAN'S PRIMARY PHONE #

August: \_\_2<sup>nd</sup> \_\_4<sup>th</sup> \_\_9<sup>th</sup> \_\_11<sup>th</sup> \_\_23<sup>rd</sup> \_\_25<sup>th</sup> \_\_30<sup>th</sup>

PARENT/GUARDIAN'S EMAIL

Salem Hills Golf Club Junior Golf Clinics are available on the dates listed above on Tuesday and Thursdays during the months of June, July and August, 2022. Pre-payment is due upon registration by cash, check or credit card in person at the pro-shop. Checks payable to Salem Hills Golf Club. No refunds, unless SHGC deems unsuitable weather for clinic. Waiver must be signed prior to start of camp. Any known dietary allergy or medical concern must be given upon registration.



**PARTICIPANT EMERGENCY CONTACT, MEDICAL INFORMATION AND WAIVER**

\_\_\_\_\_  
**Child's First Name                                      Child's Last Name                                      Age                                      Date of Birth (MM/DD/YYYY)**

**ALTERNATIVE EMERGENCY CONTACTS:**

_____ Primary Emergency Contact                      (Relationship to child)		_____ Secondary Emergency Contact                      (Relationship to child)	
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone
_____ Address		_____ Address	
<b>Please list the name of people authorized to pick up your child other than people listed as Parents/Guardians:</b>			
_____ Complete Name and relationship to child		_____ Contact Phone Number	
_____ Complete Name and relationship to child		_____ Contact Phone Number	

**MEDICAL INFORMATION / ALLERGIES:**

_____ Hospital/Clinic Preference	
_____ Physician's Name	_____ Phone Number
_____ Allergies/Special Health Considerations	
<p>I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of emergency.</p>	
_____ Parent's/Guardian's Signature	_____ Date



**Waiver Release:**

A. I, the undersigned, understand that ESJ Golf, LLC, DBA Salem Hills Golf Club, first priority is the safety of my child. I understand that risks of injury may exist during the program, in activities of physical nature or on our property, for my child or the caregiver, to which ESJ Golf, LLC, DBA Salem Hills Golf Club, is not responsible. I hereby release, waive, discharge and assume full responsibility of any risk of injury, for my child or caregiver, and agree not to hold ESJ Golf, LLC, DBA Salem Hills Golf Club, its owners, employees, instructors, landlord and staff, liable in the case of injury as a result of my child's participation in their programs.

B. I, the undersigned, understand that ESJ Golf, LLC, DBA Salem Hills Golf Club, holds liability business insurance, but doesn't hold medical coverage for injuries happening in one of our programs. Therefore, parents or caregivers should review their health insurance policies.

C. I acknowledge and understand that my child's attendance will require him/her to physically interact with ESJ Golf, LLC, DBA Salem Hills Golf Club, staff members and other students. As such, despite reasonable mitigation efforts on behalf of ESJ Golf, LLC, DBA Salem Hills Golf Club, physical interaction with the public may pose some unavoidable risks to myself, my child, and my family due to the COVID-19 pandemic. With that, I further acknowledge and agree to the following:

1. I hereby release and forever discharge and hold harmless ESJ Golf, LLC, DBA Salem Hills Golf Club, and its agents from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my child's return to classes and/or participation in activities associated with ESJ Golf, LLC, DBA Salem Hills Golf Club. I understand that this release discharges ESJ Golf, LLC, DBA Salem Hills Golf Club, from any liability or claim that I may have against ESJ Golf, LLC, DBA Salem Hills Golf Club, with respect to the COVID-19.
2. I further understand that my child's participation may expose him/her and others to unavoidable COVID-19 community spread. As such, I hereby expressly and specifically assume the risk of injury or other harm, and also expressly release ESJ Golf, LLC, DBA Salem Hills Golf Club, from all liability for injury, illness, or other issue resulting from or in any way related to my child's return or participation.
3. I acknowledge and understand my child is not able to attend any session if they have any symptoms of fever, cough, shortness of breath, sore throat, or diarrhea.

D. The undersigned further agrees to indemnify ESJ Golf, LLC, DBA Salem Hills Golf Club, its employees, members, agents, representatives and other organizations affiliated with it and hold it harmless for any liability, loss, damage, cost, claim, judgment or settlement which may be brought or entered against it as a result of participation in its programs.

E. I, the undersigned, do hereby grant or deny permission to ESJ Golf, LLC, DBA Salem Hills Golf Club, to use the image of my child(ren) as marked by my selection below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the ESJ Golf, LLC, DBA Salem Hills Golf Club, Web site.

- Deny permission to use my child(ren) image at all.
- Grant permission to use my child(ren) image.

BY EXECUTING BELOW, I ACKNOWLEDGE HAVING READ AND UNDERSTOOD ALL OF THE ABOVE-TERMS AND CONDITIONS.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Printed Name**