

2024 Columbus Junior Golf League Fall Session

Mentel Memorial GC Junior Golfers Ages 8-14

\$250 Per Player

4 **Practices**: Wednesdays 6-7:00pm starting August 28 4 **Matches**: Saturdays 4-6:00PM starting September 7

Each participant will receive a team hat, golf balls, six instructional practices, and four 6-hole* competitions.

Team competition is a two-person scramble and teams will consist of up to 8 players ages 8 to 14, both boys and girls.

Tour competition is an individual format and designed for experienced players. Players cannot turn 15 before August 31, 2024.

Each team will play 4 matches at Mentel Memorial from September 7 through September 28 (Oct 5th rain date)

Team competitions are played from the Purple Tees and are 6 holes in length, but ALL players may play up to 9 holes if they finish teeing off their 9th hole by 6:00pm.

Tour matches will be played from appropriate tees based on age and experience. After six holes, one team is awarded a point for their team. At the end of the competition, the team with the most points wins. There are NO subs – all players will play each hole. ALL matches will be played at Mentel Memorial GC on Saturdays at 4:00 p.m.

Match Schedule: September 7, 14, 21, 28 – *Rainout Makeup Date Oct 5 (if necessary)

Practice Schedule: August 28, September 4, 11

Deadline: Sept 7, 2024 or first 16 paid players, whichever comes first

2024 Columbus Junior Golf League APPLICATION – Fall Session

Name _____ Age _____ Boy ___ Girl ___

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Division: TOUR OR TEAM (circle one)

Parent Name _____

Phone _____

Make checks payable to: **Greg Poston Pro Shop** Mail to **6005 Alkire Rd. Galloway, OH 43119**

Emergency Information and Waiver Form

Parent Name _____

Cell Phone _____

I understand that by signing this waiver, I certify that all the above information is correct and that the person is physically fit to compete in golf. Also, by signing, I do hereby, for myself, executors, administrators, and person, waive release and forever discharge any and all rights and claims for damages, which may occur or which may hereafter occur to the person against the Columbus Recreation and Parks Department, The Greg Poston Pro Shop, volunteers, respective officers of the City of Columbus or The Greg Poston Pro Shop and/or assign for any and all damages which may be attained by the athlete listed above.

PAID _____ METHOD _____ DATE _____ STAFF _____ Parent or Guardian Signature _____



PHOTOGRAPHY/VIDEOTAPING AUTHORIZATION, WAIVER AND RELEASE

The undersigned hereby acknowledges and grants the City of Columbus permission to use their likeness in a photograph or video in any and all of its publications, including websites and social media pages, without payment or any other consideration.

The undersigned agrees that these photos/videos are the property of the City of Columbus.

The undersigned hereby irrevocably authorizes the City of Columbus to edit, alter, copy, exhibit, publish or distribute the photo/video for purposes of publicizing the City of Columbus's programs or for any other lawful purpose. In addition, the undersigned waives the right to inspect or approve the finished product, including, written or electronic copy, wherein their likeness appears.

Please sign below:

_____ PARTICIPANT NAME

_____ PARENT/GUARDIAN NAME

_____ SIGNATURE

_____ DATE