

# 2024 JUNIOR BASIC GOLF

Where: Raymond Memorial Golf Course

When: Saturdays from 9:00am to 10:30 am; April 27, May 4, May 11, and May 18

What: An introduction to the skills of golf that includes putting, chipping, hitting, rules, and etiquette

Who: Golfers ages 5-17

**COST IS \$100.00 PER JUNIOR**

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NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

GIRL \_\_\_\_\_ BOY \_\_\_\_\_ AGE \_\_\_\_\_

LEFT-HANDED \_\_\_\_\_ RIGHT-HANDED \_\_\_\_\_

DOES GOLFER HAVE OWN CLUBS? YES \_\_\_\_\_ NO \_\_\_\_\_

CLASS WILL BE HELD:

**SATURDAYS 9:00AM- 10:30AM; APRIL 27th, MAY 4th, MAY 11th, & MAY 18th**

PLEASE MAKE CHECK FOR \$100.00 PAYABLE TO:

**KELLY L. TRENT PRO SHOP**

MAIL TO:

**KELLY TRENT**

**2584 EDINGTON RD.**

**COLUMBUS, OHIO 43221**

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 Kelly Trent Pro Shop, volunteers, respective officers of the City of Columbus or The Kelly Trent Pro Shop and/or assign for any and all damages which may be attained by the athlete listed above.

\_\_\_\_\_  
Signature of Parent or Guardian



## 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