

2024 Mentel Memorial Junior Golf Summer Camp I

The golf professionals at Mentel Memorial Golf Course are offering a Junior Golf Camp for boys and girls ages 6 to 15. The dates are June 10-13, 2024. The camp will run from 9:00AM to 12:00PM Monday through Thursday. We will distribute awards and prizes on the last day. The cost for this camp is \$200 per junior. Golf clubs will be provided for those that need them. We will enroll a maximum of 60 students. Classes fill up fast! Please fill out the enclosed application. All checks should be made out to GREG POSTON Pro Shop in the amount of \$200 (NO REFUNDS).

The **Advanced Camp** add-on gets you everything with Traditional Camp but also includes lunch and 9-hole rounds of golf on Monday and Wednesday after camp. Pickup on these days is 3:00PM

Registration is on a first come first served basis. Classes fill fast as this is a very popular camp. Please call Scott Pealer, PGA 614-452-2076 if you have any questions.

MENTEL MEMORIAL GOLF COURSE 2024 JUNIOR GOLF SUMMER CAMP I APPLICATION JUNE 10– 13, 2024

CAMPER NAME _____

HOME PHONE _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____ MALE _____ FEMALE _____

BIRTH DATE _____ AGE _____

PARENT NAME _____ WORK PHONE _____

PARENT NAME _____ WORK PHONE _____

HAVE CLUBS Check one _____ YES _____ NO IF YES, LEFT-HANDED _____ OR RIGHT-HANDED _____

ADVANCED CAMP Check One _____ YES _____ NO FEE: **\$270 (NO REFUNDS)**

Check One _____ CASH _____ CHECK (Payable to Greg Poston Pro Shop)

MAIL TO: MENTEL MEMORIAL GC 6005 ALKIRE RD. GALLOWAY, OH 43119

IN CASE OF EMERGENCY:

_____ I (PARENT NAME) UNDERSTAND THAT BY SIGNING THIS APPLICATION, 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 PERSONS, WAIVE RELEASE AND FOREVER DISCHARGE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES, WHICH MAY OCCUR, OR WHICH MAY HEREAFTER OCCUR, TO THE PERSON OR AGAINST THE COLUMBUS RECREATION AND PARKS DEPARTMENT VOLUNTEERS, RESPECTIVE OFFICERS OF THE CITY, MENTEL MEMORIAL GOLF COURSE, GREG POSTON PRO SHOP AND ALL PERSONNEL AND/OR ASSIGNED, FOR ANY AND ALL DAMAGES, WHICH MAY BE ATTAINED BY THE ATHLETE _____ (CAMPERS NAME)



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