

# Mentel Memorial Junior Academy

## *Fall After School Program*

Tuesdays 5-6:00PM September 10, 17, 24, & October 1

(10/8 makeup date)

Open to any child ages 6-14 interested in playing golf.

**Instruction Covers:** Basic golf instruction including grip, posture, alignment for putting, chipping & full swing.

**\$150 Per Player**

**Limit 10 Students Per Clinic**

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Has golf clubs: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

### **Emergency Contact Information:**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

*Make checks payable to: Greg Poston Pro Shop*

Mail to: Mentel Memorial Golf Course 6005 Alkire Rd.

Galloway, Ohio 43119

For more information or to register by phone please call: (614) 452-2076 Or email Scott at [spealer@pga.com](mailto:spealer@pga.com)

### **Pro Shop Use Only:**

**Amount Paid** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Date** \_\_\_\_\_ **Staff Member** \_\_\_\_\_

\_\_\_\_\_ 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)