

# 2025 COLUMBUS SUMMER JUNIOR GOLF LEAGUE

## RAYMOND MEMORIAL GC

**Who: Junior golfers between ages 9-13**

**Cost: \$225 per junior**

**When: Tuesdays at 12:30 pm for 5 weeks - June 3<sup>th</sup>, 10<sup>th</sup>, 17<sup>th</sup>, 25<sup>th</sup>, and July 1<sup>st</sup>**

The 2025 junior golf league at Raymond is for kids between the ages of 9-13. This competitive 5-week league is for juniors who have had experience playing golf without the assistance of an adult and have had some type of instruction. The golfers will be expected to be able to play 9 holes of golf with other juniors. They will be keeping score and playing by the rules of golf in a competitive environment. There will be no on-course instruction, and proper etiquette must be displayed at all times.

This league is a training ground for golfers who are interested in playing in future junior events.

For more information, please contact Kelly Trent, LPGA Golf Professional at Raymond Memorial GC at (614) 832-7569 or [kltrent@columbus.gov](mailto:kltrent@columbus.gov)

If you would like to pay by credit card (Visa or Mastercard only), please stop by Raymond Memorial Golf Course Sunday through Saturday, from 8 AM to 5 PM. **(NO REFUNDS)**

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### 2025 Columbus Summer Junior Golf League Application

Name \_\_\_\_\_ Age \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

Make checks payable to: **Kelly Trent Pro Shop** Mail to: **2584 Edington Rd., Columbus, OH 43221**

### Emergency Information and Waiver Form

Junior's Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

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.

\_\_\_\_\_  
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