

Come on Barbie! Let's go Par-Tee!

Where: Raymond Memorial Golf Course, 3860 Trabue Road

When: Tuesday, June 9 from 9:00 am –11:00 am

Who: Golfers of any skill level, ages 5-12

Cost: \$60 (includes instruction, balls, and prizes)



Please mail this registration form and a check for \$60 (payable to Kelly L. Trent Pro Shop)

To: Kelly Trent 2584 Edington Road Upper Arlington, Ohio 43221

Questions: 614-832-7569 or email kltrent@columbus.gov

Name: _____

Address: _____

Phone: _____

Parent email: _____

Golfer age: _____ Does golfer have clubs? Yes___ or No___

Is golfer right or left handed? (Circle one)

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/GUARDIAN SIGNATURE

FEE: \$60.00 (no refunds) ___ CASH ___ CHECK (Payable to Kelly Trent Pro Shop)

VISA MASTERCARD

Card #: _____

Exp. Date: _____ 3 Digit Code _____

Name on Card: _____



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