

WASHINGTON PARKS & RECREATION

PO Box 383 Washington Depot, CT 06794 860-868-1519

in association with US SPORTS INSTITUTE

Beginners Golf Clinic

Using a revolutionary new system, the USSI Golf Clinic is the ideal way to introduce young boys and girls to the game of Golf. Children will use oversized clubs made of lightweight material designed to encourage correct grip and swing. Children will learn all the basic golf techniques such as the swing, grip and ball striking, chipping and putting using unique and fun training methods, which will increase a player's development and retention.

July 19th – 23rd 2010

River Walk Park

Ages 5-7 4pm – 5:30pm \$99.00

Ages 8-11 5:30pm-7pm \$99.00

Name of Child/Children: _____

AGE _____

AGE _____

AGE _____

PARENTS' NAMES _____

ADDRESS _____ Town _____ ZIP _____ PHONE _____

PARENTS EMAIL _____ @ _____

***WHO TO REACH IF PARENTS ARE NOT AVAILABLE:

_____ Phone# _____

ANY MEDICAL
PROBLEMS _____

I hereby agree to let my child participate in this activity. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in the travel and other related activities incidental to my participation, and am willing to assume these risks. I hereby certify that my child is fully capable of participating in the sport and that he/she is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in this activity, except as indicated in writing with this application. In addition to giving full consent for my child's participation, I do hereby waive, release and hold harmless US Sports Institute Inc, its officers, coaches, sponsors, partners, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the sport and activities incidental thereto, whether the result of negligence or any other cause. I grant permission for my child to receive emergency medical treatment. I grant USSI Inc, permission to use photo or video images of my child in future promotional materials. **I will hold harmless the Town of Washington, the Parks & Recreation Commission and any of its agents, directors, employees and supervisors for any responsibility or liability for any injuries or property damage, which may arise from my participation or my child's participation in this program. I also understand that in the event of an injury, my own personal medical insurance will be used.**

SIGNATURE OF PARENT OR GUARDIAN _____

Golf Clinic 2010

REFUND POLICY - Refunds will **only** be made in full if the Parks & Recreation cancels a camp or program. Participants will receive a 75% refund 2 weeks prior to the start of the camp or program. **NO** refunds will be issued once a program or camp has started.