

# *Golf Clinic*

*Taught by local professionals*

**Open to Ages 8-16**

*Session I: 8:00AM—9:30AM*

*Session II: 9:30AM—11:00AM*

THIS IS A TWO DAY CLINIC

DAY 1—TUESDAY, JUNE 5 AT LEDGESTONE COUNTRY CLUB

DAY 2—WEDNESDAY, JUNE 6 AT DON GARDNER PAR 3 GOLF

**\*Introduction to Golf**

**\*Taught fundamentals of grip**

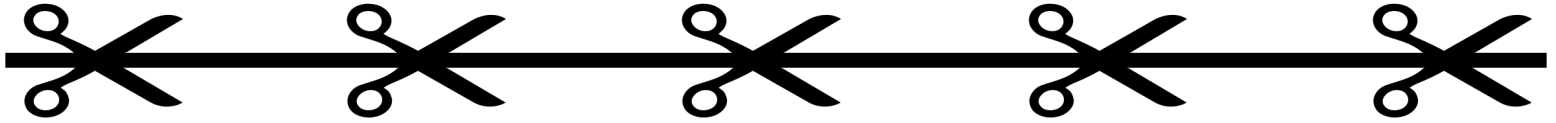
**\*Correct Swing Techniques**

**\*Proper Stance**

**Branson**  
*Parks & Recreation*

417-335-2368 Fax 417-335-2523

[www.bransonparksandrecreation.com](http://www.bransonparksandrecreation.com)



## Jr. Golf Clinic 2018

Session I 8am—9:30am \_\_\_\_\_ or Session II 9:30 am—11 am \_\_\_\_\_

Child Name \_\_\_\_\_ Child D.O.B \_\_\_\_\_

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

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

Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email \_\_\_\_\_

### BRANSON PARKS AND RECREATION HOLD HARMLESS POLICY

#### WAIVER AND RELEASE OF ALL CLAIMS

I recognize and acknowledge that there are certain risks of physical injury to participants in this program and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating (including transportation, when provided). I further agree to waive and relinquish all claims I or my child/ward may be entitled to as a result of participating in this program against the City of Branson, including officials, agents, volunteers and/or employees of the said parties. I agree to the unreserved use of my child's name and/or likeness (including photographs, videotapes and other depictions) for publicizing Branson Parks & Recreation programs and events. I have read and fully understand the above information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian

Office use only: Staff Initial \_\_\_\_\_ Date \_\_\_\_\_