

**ROCK JR GOLF**  
**Mailing address: 66 Brockton Ave Scituate MA 02066**  
**Contact #: 781-424-7621**  
**Hosted at The Harmon Club**  
**168 Concord St**  
**Rockland, MA 02370**

**First Name:** \_\_\_\_\_ **Last** \_\_\_\_\_

**Gender: Boy:** \_\_\_\_\_ **Girl:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

*NEW STUDENT?* \_\_\_\_\_ *# of years golfing* \_\_\_\_\_

*Does your child need clubs?* \_\_\_\_\_ *If yes how tall is your child?* \_\_\_\_\_ *inches*

**WEEKLY CLASS TIME: 9:00 am-11:00 am Tuesday, Wednesday, and Thursday**

**July: 10-11-12** \_\_\_\_\_ **July: 17-18-19** \_\_\_\_\_ **July: 24-25-26** \_\_\_\_\_

**July/Aug: 31-1-2** \_\_\_\_\_ **Aug: 7-8-9** \_\_\_\_\_ **Aug: 14-15-16** \_\_\_\_\_

**YOU MAY SIGN UP FOR AS MANY WEEKS AS YOU WOULD LIKE**

**COST: \$175 PER SESSION**

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

As the Parent/Legal Guardian of the participant in the above reference program, I certify that I have sufficient medical coverage in the event of physical injury to the participant. I do hereby release, discharge, and/or otherwise indemnify the **ROCK JR GOLF, NC GOLF LLC, Harmon Club**, guest instructors, agents and employees against any claim by or behalf of myself, the participant, or his/her immediate family as a result of any injury occurring during his/her participation in the program, of instruction and play, and any waiting periods upon arrival and after dismissal.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/ 2018

**Print Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**\*\*\*MAKE CHECKS PAYABLE TO: NC GOLF\*\*\***

**Cash:** \_\_\_\_\_ **Check #:** \_\_\_\_\_ **Venmo:** \_\_\_\_\_ **CC/Mem acct @ HC** \_\_\_\_\_