

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

**2020 SPRING SWING**  
**5----1 Hour LESSONS**  
**9 and under: Check in 3:50—CLASS 4:00-5:00**  
**10 and over: Check in 5:05---CLASS 5:15-6:15**  
**Dates: May 19-21-26-28-June 2-Rain Date 6/4**

**INSTRUCTIONAL FEE: \$150.00**

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**NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**TOWN:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**In case of an emergency call:** \_\_\_\_\_

**PREVIOUS PARTICIPATION IN OUR GOLF SCHOOL? YES \_\_\_\_\_ NO \_\_\_\_\_**

**IF YES, NUMBER OF YEARS \_\_\_\_\_**

**Does your jr golfer need clubs? \_\_\_\_\_**

**If yes, how many inches tall is your child? \_\_\_\_\_**

**Ok to share golf pictures on social media? \_\_\_\_\_**

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**CLASSES ARE FILLED ON A FIRST-COME-FIRST SERVE BASIS.**  
**(30 students per class) APPLICATIONS DUE BY MAY 8th.**

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.

**Parent's signature:** \_\_\_\_\_

**Checks made payable NC GOLF**

**Cash: \_\_\_\_\_ Check#: \_\_\_\_\_ Venmo: \_\_\_\_\_ @NikkiCustenborder CC@HC: \_\_\_\_\_**