

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

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*

Ok to share golf pictures on social media? _____

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

June/July: 30-1-2 _____ **July: 7-8-9** _____ **July: 14-15-16** _____ **July: 21-22-23** _____

July 28-29-30 _____ **Aug: 4-5-6** _____ **Aug: 11-12-13** _____

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

COST: \$180 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:** ___/___/2020

Print Name: _____

Relationship: _____

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

Cash: _____ **Check #:** _____ **Venmo:** _____ **@NikkiCustenborder CC/Mem acct @ HC** _____