



ST. CLAIR SHORES GOLF CLUB JUNIOR GOLF 2023



Ages: 10-17 YEAR OLDS
Cost \$150.00 (Pre-paid with registration)
Includes Jr. Golf Course Membership

STARTS: June 20th until August 29th
(10 weeks)
No Golf on July 4th
Everyday Tuesday
Tee times: Starting at 11:00 a.m.

-Please fill out the registration form on the back, registration and payment must be done in person at the golf course. At the time of registration you must sign your child up for their first tee time on June 20th.

-It will then be the responsibility of the parent or child to make their tee time for the following week.

-This is a non-instructional league, however, supervision will be provided throughout the day.

-The most important rule is to HAVE FUN!!!

**For more information, call: (586) 294-2000 ext. 1
For specific questions please leave a message for
Karen Mazzola**

**ST CLAIR SHORES DEPARTMENT OF PARKS AND RECREATION
WAIVER OF LIABILITY
FOR PARTICIPANTS AGE 17 AND UNDER
20000 STEPHENS DRIVE
ST CLAIR SHORES, MI 48080
(586)445-5350**

PLEASE PRINT ALL INFORMATION

PARTICIPANT'S NAME: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ **BIRTHDATE:** _____

ACTIVITY NUMBER: **GOLF** **SESSION:** **SUMMER**

E-MAIL: _____

RECOGNIZING THE NORMAL RISKS OF RECREATIONAL ACTIVITIES, I, THE UNDERSIGNED AGREE TO ALLOW THE ABOVE NAMED MINOR TO PARTICIPATE AT THEIR OWN RISK AND TO ABIDE BY ALL RULES AND REGULATIONS ESTABLISHED BY THE CITY OF ST CLAIR SHORES PARKS AND RECREATION.

I, THE UNDERSIGNED, INDIVIDUALLY RELEASE THE CITY OF ST CLAIR SHORES FROM ANY LIABILITY, CLAIMS, DAMAGES AND ACTIONS WHATSOEVER ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE OR INJURY THAT MAY BE SUSTAINED BY THE ABOVE NAMED MINOR WHILE PARTICIPATING IN ACTIVITIES CONNECTED WITH AND SPONSORED IN WHOLE OR IN PART BY THE DEPARTMENT OF PARKS AND RECREATION OF THE CITY OF ST CLAIR SHORES. THIS ALSO INCLUDES A RELEASE OF RESPONSIBILITY FOR LOSS OF/OR DAMAGE TO PERSONAL PROPERTY.

BY THIS AUTHORIZATION, I, THE UNDERSIGNED, GIVE PERMISSION TO ANY EMPLOYEES, AGENT PROFESSIONAL OF THE ST CLAIR SHORES DEPARTMENT OF PARKS AND RECREATION TO HAVE THE MINOR CHILD HEREIN NAMED, EXAMINED AND TREATED BY A PHYSICIAN AND ADMITTED FOR HOSPITAL CARE IF, IN THEIR JUDGEMENT, SUCH EXAMINATION, TREATMENT OR HOSPITAL CARE BECOMES NECESSARY WHILE THE CHILD IS IN THEIR CHARGE.

I, THE UNDERSIGNED, HAVE READ THE WAIVER OF LIABILITY AND ACKNOWLEDGED MY FULL UNDERSTANDING OF ITS MEANING AND CONTENT AS EVIDENCED BY MY SIGNATURE BELOW.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

I WILL ____ I WILL NOT ____ ALLOW PICTURES TO BE TAKEN BY PARKS AND RECREATION TO BE USED FOR PUBLIC RELATION PURPOSES ONLY.