

# ST. CLAIR SHORES

# JUNIOR GOLF CLUB

## 2025

PARTNERED WITH



**NOW INCLUDES 2 COMPLIMENTARY INSTRUCTIONAL SESSIONS GIVEN BY X GOLF!**

**Ages, 10-17**  
**\$170 per child**  
**Includes: 10 wks of golf & 2 clinics at X Golf**

# JUNE 17-AUG 19

## TUESDAYS, TEE TIMES BEGIN AT 11 AM

**This is a non-instructional league, however, supervision will be provided throughout the day. Registration and payment must be done in person at the golf course. (22185 Masonic) At time of registration, please sign up for your first tee time. It is then the responsibility of the parent to make tee times for every week. FOR ADDITIONAL INFORMATION, PLEASE CONTACT THE GOLF COURSE AT 586-294-2000.**

PARTICIPANT'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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 evidence 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.

