

HIDDEN HILLS

G O L F C L U B

Junior Golf Program

June 15 - August 3
Wednesdays 9-11am

You are Invited

Hidden Hills Golf Club invites all kids ages 7 - 17 for a great opportunity to learn fundamentals, mechanics & etiquette for golf. Putting, chipping, and full swing will be covered in our 8 week program. (previous skill set will also determine level of instruction)
Join us once a week for a great summer learning the game of golf.

Details



JUNE 15 to AUGUST 3
Every Wednesday 9am-11am

\$95 PER GOLFER
Bring driver, putter, a few irons & some golf balls

OPEN TO AGES 7-17
beginner/intermediate/advanced

KIDS WILL CELEBRATE THE LAST DAY
WITH LUNCH, PRIZES & AWARDS
after golf from 11am - 12pm



Register Today

Return registration & medical form
to Hidden Hills Golf Club
no later than June 5th.

Cash / Check / Credit Card
(4% charge on all CC transactions)

Please call with any questions.

T-SHIRTS INCLUDED



CLUBHOUSE
419-849-3693
4900 County Rd 16
Woodville, OH 43469

Please complete this form for each child you have participating - thank you!

circle shirt size - YS YM YL YXL
Adult S Adult M Adult L

Emergency Contact and Medical Information for a Child

_____ Child's Name		_____ Date of Birth		M	F
				Sex	
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name			
() _____ Home Phone	() _____ Work Phone	() _____ Home Phone	() _____ Work Phone		
_____ Address		_____ Address			
_____ City, ST ZIP Code		_____ City, ST ZIP Code			

Alternative Emergency Contacts

_____ Primary Emergency Contact		_____ Secondary Emergency Contact			
() _____ Home Phone	() _____ Work Phone	() _____ Home Phone	() _____ Work Phone		
_____ Address		_____ Address			
_____ City, ST ZIP Code		_____ City, ST ZIP Code			

Medical Information

Hospital/Clinic Preference

_____ Physician's Name	_____ Phone Number
_____ Insurance Company	_____ Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

_____ Parent's/Guardian's Signature	_____ Date
--	---------------

For Hidden Hills Staff Use

Payment Made: _____ Date: _____

Cash _____ Check _____ Credit Card _____