

## 2022 YOUTH GOLF CLINICS

# The Golf Club of Bucyrus will be having "Open" Golf Instruction/Clinics for area youth golfers!

- · Golf Instruction/Clinics will be conducted by Nate Smith, a graduate of Ohio State's PGM Program
- With these clinics, we are targeting boys & girls in JR. High & High School who are on the golf team or have an aspiration to play on the team in the future.
- The emphasis will be on Driving, Putting, Chipping, Pitching, Irons, Fairway Metals/Hybrids,
   Course Management and Rules/Etiquette.
- There will be 12 Clinics from May July (once per week, weather permitting)
  - Clinics will be held (mostly) on <u>Mondays</u> (exception of a few Tuesdays)

#### **Dates**

with the registration form.

- May: 2nd, 9th, 16th, & 31st (Session #1: from 5 pm 6:15 pm) (Session #2: 6:30 p.m. 7:15 p.m.)
- June: 6th, 13th, 27th (#1: 5 6:15 pm) (#2: 6:30 7:45 pm)
- July: 5th (Tuesday), 11th, 18th, 25th (#1: 5 6:15 pm) (#2: 6:30 7:45 pm)

	Youth Golf Cl	inics Registration From	
Name of Participant:		Current Age & Grade:	
School:	Address:	City:	
Name(s) of person(s) of	hild may be releas	sed to:	
	Emergency	Contact Information	
Name:		Relationship:	
Phone:		Email:	
		Payment	
□ \$100 "Pay in Advan	ce Fee" (covers a	Il clinics & saves \$20) to be included with this form.	
\$10 fee for each Cli	nic attended. Due	at course on days attended. Do not send this fee	

### 2022 Youth Golf Clinics Medical Information & Form

Does your child require special care or have any disabilities?  If yes, please explain:	Yes   No
Is your child currently taking any prescribed medication?  If yes, please explain:	Yes   No
Does your child have an existing or previous illness?  If yes, please explain:	Yes   No
Does your child have any known allergies (food, insects, medications)? If yes, please explain:	Yes   No
In consideration of my child being allowed to participate in the 2022 Youth Goundersigned parent, binding heirs, executors, administrators, estate and assign release and agree not to hold The Golf Club of Bucyrus, volunteers, and its enfrom any and all actions, causes of action, claims, demands, costs, or damage property damages or personal injuries or death sustained by me or my child of arising from or resulting from an act or omission, negligent or otherwise of The Bucyrus, volunteers, or its employees or any other participant in the program participating in the said activity or while traveling to and/or from The Golf Club of Bucyrus Youth Golf Clinic and permission is given for an medical treatment, operation, or anesthesia which might become agree to be responsible for the expense of medical treatment.  (Please check box!)	ens, do hereby enployees liable es as a result of or his/her property, the Golf Club of s while lub of Bucyrus.  In a 2022 Golf eny emergency
Childs Name:	
Physician Name: Physician's Phone	e:
Signature of Parent/Guardian: Dat	e:
2022 Youth Golf Clinics PHOTO RELEASE	<b>≣</b>
☐ YES – Consent is hereby given for the applicant's picture and/or vi and used for (including but not limited to) publications, news, and so	
Signature of Parent/Guardian: Dat	e:

#### The Golf Club of Bucyrus Youth Golf Clinics

#### Waiver & Release

The Golf Club of Bucyrus is committed to conducting its youth golfing programs in a safe manner that holds the safety of participants in high regard. Reducing safety risks is a main goal our facility. It is vitally important that all participants follow all safety rules and instructions that are solely designed to protect the safety of all participants. However, participants and parents/guardians of minors registering for these programs must recognize that there is an inherent risk of injury when deciding to participate in recreational programs/activities.

By this agreement, you are solely responsible for determining if you or your minor child is physically fit and/or adequately skilled for the activities described by this agreement. If there is any doubt of your minor's ability to participate, it is suggested to consult a physician before participating.

Golfing is an outdoor activity that is intended to challenge and engage the physical, mental, and emotional abilities of every participant. However, even proper and careful preparation, instruction, medical advice, conditioning, and equipment, there is still a safety risk and risk of serious injury. Not all hazards can be foreseen or completely prevented. It is to be noted that The Golf Club of Bucyrus cannot guarantee absolute safety for participants.

Please read this form carefully. By signing up and participating in this activity, you are assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss that your minor child could sustain as a result of participating in any/all activities (even transportation services, such as golf cars, when provided).

I recognize and acknowledge that there are certain risks or physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child or I may sustain as a result of participating.

I have read and fully understand the above important information, warning of risk, assumption of risk, and waiver and release all claims.

Participant's Name:	
Participant's Signature:	_
(18 years or older or Parent/Guardian)	
Date:	

#### The Golf Club of Bucyrus Youth Golf Clinics

#### **CANCELLATION NOTICE/PROCEDURE**

- We will do our best to notify everyone well in advance if a clinic has
  to be canceled due to weather, special event, illness, etc. via E-mail
  and/or our Facebook page (www.facebook.com/gcob1925).
- If you have a Facebook account, "like" our page "The Golf Club of Bucyrus" on Facebook so our posts will be likely to come up on your Facebook timeline.
- You can also call the Golf Course **Golf Shop at (419)-562-0381** to confirm if a Youth Golf Clinic is still taking place on a given day.



The Golf Club of Bucyrus

1330 E. Mansfield St. Bucyrus, Ohio

www.facebook.com/gcob1925

 $\underline{www.bucyrusgolf.com}$