



THE BRIDGES
GOLF CLUB

Junior Golf School- Summer 2016

This four day program for juniors will cover the fundamentals of golf. Classes are for beginner and intermediate students.

Classes are limited to 8 students and will cover basic technique, short game (pitching, chipping & putting) and full-swing skills. Rules, etiquette and safety will also be reviewed. The final day will include on course play. Fee includes range balls & clubs, if needed. Students must wear athletic or golf shoes. **The four day program is \$200 per student. All classes are Monday to Thursday from 10am to noon with short breaks for water and a snack.**

name: _____ age: _____

address: _____

phone: _____ email: _____

Please select from the following ages and dates:

Ages 7-9:

June 13-16 _____ July 25-28 _____

Clubs Needed? _____

Ages 10-12:

June 27-30 _____ Aug 8-11 _____

Righty or Lefty? _____

Ages 13-15

July 11-14 _____ Aug 22-25 _____

Please print and return this and the following pages to the Bridges Golf Club in person or by mail. For any questions, please contact Head Professional **Dan Osterberg** at **925-735-4253**



THE BRIDGES

G O L F C L U B

I, the undersigned give permission for my child, _____ to participate in the Bridges Junior Golf School at the Bridges Golf Club. I understand the nature of sports activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I give permission for my child to go onto the golf course with or without supervision, as determined by the direction of the Director of the Bridges Junior Golf School. I understand this will be based on the ability of my child to keep up with the pace of play, understanding of the rules, safety and etiquette of the sport of golf.

I the undersigned parent of _____, a minor, do hereby authorize the Bridges Junior Golf School and the Bridges Golf Club as agents for the undersigned to consent to x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or specialized supervision of any physician licensed under the provisions of the Medical Practice Act on the staff of the hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the hospital. It is understood that this authorization is given in advance of any such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may seem advisable. This authorization shall remain effective for the duration of the program, unless revoked sooner in writing and delivered to the Director of the Bridges Junior Golf School.

I understand that the program carries no insurance. I understand that I will be responsible for equipment provided by the program and that all equipment remains the property of the Bridges Junior Golf School.

I agree to allow the use of photographs and or images of my child participating in the program or any sponsored event for any promotional and or marketing materials.

Persons authorized to pick up my child are:

Name _____ Phone _____

Name _____ Phone _____

Signature of Parent or Legal

Guardian: _____ Date: _____



Participant Code of Conduct

I hereby pledge to live up to my responsibilities as a participant of the Bridges Junior Golf School by following the Code of Conduct:

- I will play by the rules and accept direction from the Bridges Staff
- I will display sportsmanship, character, and a positive attitude.
- I will cooperate with others to make the school fun and productive.
- I will treat all participants and instructors with respect.
- If there are any problems with other students or any concern at all, I will notify my instructor immediately.

I understand the above code of conduct and that non-compliance can result in warnings and dismissal from the Bridges Junior Golf School.

Participant
Name _____ Signed _____ Date: _____

Parent Guardian _____ Signed _____ Date: _____