

MUNCIE'S FIRST TEE PROGRAM

PRESENTED BY:

CRESTVIEW GOLF CLUB & MD'S GOLF ACADEMY

START: FRIDAY, JUNE 10TH
FINISH: MONDAY, JULY 8TH
WHO: BOYS & GIRLS AGES 7 & UP
COST: \$150.00
REGISTER: www.firstteeindiana.org / Use the QR Code On Flyer
ENTRY DEADLINE: WEDNESDAY, JUNE 1ST
TIME: 8:00A.M. – 10:00A.M.

PROGRAM INCLUDES:

- (8) DAYS OF PROFESSIONAL INSTRUCTION (PGA GOLF PROFESSIONALS DOUG BISHOP, RANDY HUNT, AND MATT SAUTER)
- (4) DAYS INSTRUCTION AT MD'S GOLF ACADEMY / (4) DAYS ON COURSE INSTRUCTION AT CRESTVIEW GOLF CLUB, (16) TOTAL HOURS OF PROFESSIONAL INSTRUCTION
- TWELVE BUCKET RANGE CARD FROM MD'S GOLF ACADEMY AND MEMBERSHIP TO THE EXECUTIVE COURSE AT CRESTVIEW GOLF CLUB
- END OF THE YEAR BANQUET (MONDAY, JULY 8TH AFTER CLASS)

SCHEDULE:

CRESTVIEW: JUNE 13TH – JUNE 20TH – JUNE 27TH – JULY 8TH

MD'S GOLF ACADEMY: JUNE 10TH – JUNE 17TH – JUNE 24TH – JULY 1ST

CLASSES WILL NOT MEET MONDAY, JULY 4TH

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PARTICIPATION FORM

NAME: _____ AGE: _____

NAME OF PARENT OR GUARDIAN _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

EMERGENCY CONTACTS (NAME & NUMBER): _____

ALLERGIES OR SPECIAL MEDICAL
CONDITIONS: _____

I, THE PARENT/GUARDIAN OF THE MINOR CHILD LISTED ON THIS APPLICATION, FOR OURSELVES, OUR HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY RELEASE, WAIVE, ACQUIT AND FOREVER DISCHARGE CRESTVIEW GOLF CLUB AND MD'S GOLF ACADEMY, THEIR REPRESENTATIVES, SUCCESSORS, INSURERS, ASSIGNS OR ANY OTHER PERSON OR ENTITY ACCOCIATED WITH CRESTVIEW GOLF CLUB AND MD'S GOLF ACADEMY, SUCH AS STAFF, OWNERS, OR VOLUNTEERS, FROM ALL LIABILITY, CLAIMS, DEMANDS, OR CAUSES OF ACTION FOR ANY AND ALL LOSS, DAMAGE, INJURY OR DEATH AND ANY CLAIM OF DAMAGES RESULTING FROM USE OF FACILITIES OWNED OR CONTROLLED BY THE ABOVE ORGANIZATION, OR PARTICIPATION IN ACTIVITIES OF SAID ORGANIZATIONS EITHER AT OR AWAY FROM THE FACILITY.

I GIVE PERMISSION TO CRESTVIEW GOLF CLUB AND MD'S GOLF ACADEMY TO SEEK EMERGENCY MEDICAL TREATMENT FOR MY MINOR CHILD IF I CANNOT BE REACHED. I WILL BE RESPONSIBLE FOR ANY AND ALL COSTS OF MEDICAL ATTENTION AND TREATMENT.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____