

## **MUNCIE'S FIRST TEE PROGRAM**

**PRESENTED BY:**

**CRESTVIEW GOLF CLUB & MD'S GOLF ACADEMY**

START: Monday, June 15th  
FINISH: Friday, June 19<sup>th</sup>  
WHO: BOYS & GIRLS AGES 7 & UP  
COST: \$200.00  
REGISTER: [www.firstteeindiana.org](http://www.firstteeindiana.org) / Use the QR Code On Flyer  
ENTRY DEADLINE: WEDNESDAY, June 10th  
TIME: 8:00A.M. – 10:00A.M.

### **PROGRAM INCLUDES:**

- (5) DAYS OF PROFESSIONAL INSTRUCTION (PGA GOLF PROFESSIONALS DOUG BISHOP AND MATT SAUTER)
- (3) DAYS INSTRUCTION AT MD'S GOLF ACADEMY / (2) DAYS ON COURSE INSTRUCTION AT CRESTVIEW GOLF CLUB, (10) TOTAL HOURS OF PROFESSIONAL INSTRUCTION
- TWELVE BUCKET RANGE CARD FROM MD'S GOLF ACADEMY AND MEMBERSHIP TO THE EXECUTIVE COURSE AT CRESTVIEW GOLF CLUB, TOTAL VALUE \$175.00
- END OF THE YEAR PRESENTATION (FRIDAY, JUNE 19<sup>TH</sup> AFTER CLASS)

### **SCHEDULE:**

MD'S GOLF ACADEMY: MONDAY – WEDNESDAY (JUNE 15<sup>th</sup> – JUNE 17<sup>TH</sup>)

CRESTVIEW GOLF CLUB: THURSDAY & FRIDAY (JUNE 10<sup>TH</sup> – 19<sup>TH</sup>)

**MUNCIE'S FIRST TEE PROGRAM**

**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: \_\_\_\_\_