



2020 Summer Golf Program

Please Note: The Clinics are not for Junior Beginners!

First Name: _____
Last Name: _____
Parent Name: _____
Phone#: _____
Email: _____

Please circle Clinic Dates you are signing your child up for!

Class 1 July 6-9 Class 2 July 13-16 Class 3 July 20-23
Class 4 July 27 – 30 Class 5 Aug 3-6 Class 6 Aug 10-13

Example of Weekly Schedule

- 9am Start (May Drop off Earlier in morning we open at 6am)
- 9am –10am Lesson on course or practice Tee (Can Vary depending on day)
- 10am – 12pm Play 9 holes
- 12pm – 12:30pm Lunch (can bring own or purchase at snack bar)
- 12:30 – 1:30pm Lesson on course or practice tee
- 1:30pm – 3pm Back on course to play reminder of round
(Can continue to play on course till 4:30pm)

Cost \$250 per clinic, Checks Made Payable to Sterling Golf or online
<http://sterlinggolf.bizland.com/store/index.html>

Cost \$145 per clinic by purchasing a Jr Golf Pass for \$300. Golf Privileges
Monday – Thursday anytime, Friday – Sunday and Holidays after 3pm.

212 Kenrick Street, Newton, MA 02458
Tel: 617-630-1971 – Fax: 617-969-8756
e-mail: abargoot@sterlinggolf.com
www.sterlinggolf.com



SGM
Sterling Golf Management, Inc.

APPLICATION / EMERGENCY CONTACT INFORMATION / WAIVER OF LIABILITY

New Participant____ Returning Participant____ Class Date_____ Time _____
Name of Child: _____ Male ____ Female ____ Age _____
Date of Birth: ____/____/____ School: _____ Grade _____
Address: _____
City: _____ State: _____ ZIP: _____
Parent/Guardian: _____ Relationship: _____
Home Phone: () _____ Cell Phone () _____
Work Phone: () _____ Other Phone () _____
Email: _____

EMERGENCY CONTACT

Name _____ Relationship _____
Phone () _____

EQUIPMENT

I understand that any golf equipment received for use is the property of Sterling Golf Management, Inc. and must be returned upon each instructional lesson.

Parent/Guardian Initials: _____



HEALTH INFORMATION

Physician's Name: _____ Phone: () _____

Please list any and all health conditions, diagnoses, and medical conditions whatsoever that your child has: _____

Allergies/Other: _____

Does your child have: Asthma? _____ Diabetes? _____ Epilepsy? _____

If I cannot be reached in an emergency, I permit and agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by the Sterling Golf Management, Inc. representatives. I hereby give permission to the medical personnel selected by the Sterling Golf Management, Inc. representatives to secure any and all advised hospitalization, medical dental and/or surgical treatment. In the event that such medical treatment is deemed needed by a healthcare provider, all cost of such care shall be borne by the parent or guardian.

I agree to the above (Parent/Guardian Initials) _____

ASSUMPTION OF RISK/WAIVER OF LIABILITY

I/We, the parents/legal guardians of the above-named youth give approval of participation in Sterling Golf Management, Inc./Newton Commonwealth Golf Course sponsored activities. I assume all risks of injury whatsoever and agree to hold forever harmless Sterling Golf Management, Inc., their employees, representatives and agents from any and all loss, claim, injury, damage, or liability sustained or incurred resulting from any activity, game, function, exercise, competition, or any other activity including any transportation to and from any activity, which is caused by or resulting from an act or omission, whether negligent, intentional, reckless or otherwise of any employee, representative or agent of Sterling Golf Management, Inc.

My signature below indicates that I have read and understand the above and constitutes my full acceptance of this waiver.

Parent/Guardian Signature

Date