



2021 Junior Golf Development Series

# Junior Preservers Golf Clinics



**Program Overview**

The goal of this program is to establish strong fundamentals of the game of golf. Instruction will focus on golf etiquette, short and long game skills, and on-course play. This class will combine instruction and games with on-course learning activities.

**Target Student**

Junior that has completed a beginner junior golf program. Students will need to provide his or her own clubs.

**Student to Trainer Ratio**

8 to 1 – max 32 students

**Clinic Dates**

This program will be offered in the form of 3-day clinics. Series 1 - May 11<sup>th</sup>, 12<sup>th</sup>, 13<sup>th</sup>. Series 2 - June 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>. Series 3 - June 22<sup>nd</sup>, 23<sup>rd</sup>, 24<sup>th</sup>. Series 4 - July 13<sup>th</sup>, 14<sup>th</sup>, 15<sup>th</sup>. Series 5 - July 27<sup>th</sup>, 28<sup>th</sup>, 29<sup>th</sup>. Participants may enroll in any or all of the series dates.

**Clinic Times**

The program will be held from 6:00pm till 7:30pm.

**Fee**

\$85 per series

**2021 Registration The Preserve at Oak Meadows Junior Golf Clinics**

Circle series number:            1            2            3            4            5

Name \_\_\_\_\_ Age \_\_\_\_\_ Best Reachable Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Email \_\_\_\_\_

**Liability Waiver**

As a Parent with a child who is a participant in The Preserve at Oak Meadows instructional programs, I recognize and acknowledge there are certain risks of physical injury and I agree to assume full risk of any injuries and loss, which may occur as a result of participating in and activities associated with this program. I do hereby fully release The Forest Preserve District of DuPage County, their officers, agents, servants and employees from any claims from injuries which may occur on account of my child's participation in this program.

I have fully read and understand the foregoing (Parent Sign) \_\_\_\_\_ Date \_\_\_\_\_

Payment Type \_\_\_\_\_ Date \_\_\_\_\_ Staff Signature \_\_\_\_\_