



GOLF CLINIC

PLEASE COMPLETE AND RETURN THIS PORTION WITH FULL PAYMENT.

CRUSADERS GOLF CLINIC REGISTRATION FORM

ABOUT THE CLINIC

Members of the Clarke College men's golf team will provide individual lessons in Clarke's indoor golf Cage. Each session is one hour and will include a video critique of each participant's golf swing. Participants may sign up for one or more sessions.

AGE REQUIREMENT

5 and up

DATE

SATURDAY, MARCH 20, SUNDAY, MARCH 21 AND
SATURDAY, MARCH 27

Hourly sessions will be scheduled beginning at 10 a.m. on
March 20 and 27, Noon on March 21

Check In: 15 minutes prior to session

COST

\$35 per one-hour session. *Fee includes a t-shirt.*

Please make checks payable to Clarke College Men's Golf

CAMP LOCATION

Robert and Ruth Kehl Center - Golf Cage

WHAT TO BRING

- golf clubs

REGISTRATION

Complete the camp registration form and mail
along with your \$35 check (payable to Clarke
College Men's Golf) to:

Jerry Hanson
Clarke College Men's Golf
1550 Clarke Drive
Dubuque, IA 52001-3098

Participants will be contacted upon receipt of
registration for to schedule their one-hour session(s).
To ensure a free t-shirt, return the registration form
by **Monday, March 15**. For more information,
contact Coach Jerry Hanson at (563)588-6360 or
jerry.hanson@clarke.edu

Camper's Name _____ Age _____
School _____ Grade _____
Home Address _____
City _____
State _____ Zip _____
Home Phone (_____) _____
Mother's Name _____
Mother's Cell Phone (_____) _____
Father's Name _____
Father's Cell Phone (_____) _____
Parent's E-mail _____
Time Request _____

T-shirt Size: (circle one)
Youth S M L Adult S M L XL

HOLD HARMLESS AND HEALTH INFORMATION

Neither Clarke College nor the Clarke College Golf Clinic carries medical insurance for injuries sustained by participants. Therefore, the person responsible for participant should review his/her own health insurance policy for coverage. The absence of health insurance coverage does not make Clarke College or the Golf Clinic responsible for payment of medical expenses. As a parent/guardian/participant, I agree to assume the full risk and fully release and discharge members of the Clarke community, its directors, officers, trustees, agents, servants and employees for any injuries, including death, damages, or loss regardless of severity, which I or my child/ward may sustain as a result of any Golf Clinic activity. I agree to waive and relinquish all claims my child/ward or I may have as a result of participating in the Clarke College Golf Clinic against Clarke College and its directors, officers, trustees, agents, servants and employees, as well as to indemnify and hold harmless the aforementioned. In the event of an emergency, I authorize Clarke College Golf Clinic officials to secure treatment from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care, and medical services required.

I have fully read and understand the above, and all information
supplied by me is accurate and current to the best of my knowledge.

Date: _____ / _____ / _____
Participant's Name: _____
Birth date: _____ / _____ / _____
Parent/Guardian Name: _____
Parent/Guardian Signature: _____
Allergies: _____
Necessary Medical Information: _____
Medical Insurance Company: _____
Policy Number: _____
Dubuque Doctor/Hospital Preference: _____
If Parent/Guardian is unavailable, in the event of emergency, please contact:
Name: _____
Relationship: _____
Phone Number: _____

