



GOLF CLINIC

ABOUT THE CLINIC

Members of the Clarke University men's golf team will provide individual lessons in Clarke's indoor golf Cage. Each session is one hour. Participants may sign up for one or more sessions.

AGE REQUIREMENT

5 and up

DATE

Saturday, March 17, Sunday, March 18 and Saturday, March 24
Hourly sessions will be scheduled beginning at 10 a.m. on March 17 and 24, Noon on March 18

Check In: 15 minutes prior to session

COST

\$35 per one-hour session.
Fee includes a t-shirt.
Please make checks payable to Clarke University Men's Golf.

CAMP LOCATION

Golf cage
Robert and Ruth Kehl Center, Clarke University

WHAT TO BRING

Golf clubs

ADDITIONAL INFORMATION

For more information, contact Coach Jerry Hanson at (563)588-6360 or jerry.hanson@clarke.edu

REGISTRATION

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

Jerry Hanson
Clarke University 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 12.**

www.clarkecrusaders.com

PLEASE COMPLETE AND RETURN THIS PORTION WITH FULL PAYMENT.

GOLF CLINIC REGISTRATION FORM

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 Email _____
Time Request _____
T-shirt Size: (circle one) Youth YS YM YL Adult AS AM AL AXL

HOLD HARMLESS AND HEALTH INFORMATION

Neither Clarke University nor the Clarke University 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 University 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 University Golf Clinic against Clarke University 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 University 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: _____



Notice: Distribution of this flyer doesn't constitute an endorsement by the Dubuque Community Schools. Printing cost paid for by sponsoring organization.