



JUNIOR GOLF LESSONS

Students ranging from 4th – 8th Grade



Program Instructors:

Walker Adams – Clarke, Head Golf Coach

Program runs: June 5th – June 9th, 2023

Registration Form

I, the Parent/Guardian of the child listed below, hereby agree to indemnify and hold harmless the Osceola Parks & Recreation Department, Clarke Community Schools, the City, their agents, commissioners, officers, volunteers and employees of from any and all liability for personal injuries or damages that may hereafter be sustained while participating in, traveling to or from, or observing of this Youth Recreational Program.

Child's Name: _____ Male/Female

Grade: _____ Phone: (H) _____ (W) _____

E-mail address: _____

Parent's Signature: _____

Registration Deadline: May 26, 2023

Participant T-Shirt Size: (Please circle one)

Youth Sizes:

Small Medium Large

Adult Sizes:

Small Medium Large X-Large XX-Large

Registration Fee:

\$40 per participant

Payable to:

Osceola Parks & Recreation Department

Please Return Form To:

Osceola Parks & Recreation Department

115 N. Fillmore Street

Osceola, IA 50213

Time/Place of Instruction:

10:00 – 11:00 am

Osceola Municipal Golf Course

400 E. Fayette Street

Osceola, Iowa

Golf Skill _____ (1=Beginner – 5=Advanced)

Right Handed _____ Left Handed _____

MEDICAL AUTHORIZATION

FOR: _____

I, THE PARENT/LEGAL GUARDIAN OF THIS PARTICIPANT IN THE LOCAL YOUTH BASEBALL/SOFTBALL PROGRAM, HEREBY AUTHORIZE THE TEAM COACH/ASSISTANT COACH TO OBTAIN WHATEVER MEDICAL SERVICES DEEMED NECESSARY IN THE EVENT THE PARTICIPANT SUSTAINS AN ILLNESS OR INJURY IN MY ABSENCE. THIS AUTHORITY INCLUDES CONSENT TO ANY MEDICAL PERSONNEL OR FACILITY TO RENDER CARE AND TREATMENT AUTHORIZED BY THE COACH/ASSISTANT COACH. THE CITY OF OSCEOLA, PARKS AND RECREATION DEPARTMENT, ITS AGENTS, COMMISSIONERS, OFFICERS, VOLUNTEERS AND EMPLOYEES WILL NOT BE RESPONSIBLE FOR THE COST OF MEDICAL TREATMENT OR TRANSPORTATION.

Listed Below Are Any Allergies/Illnesses Or Special Needs Of The Participant:

Parent/Guardian (Signature): _____ Date: _____