2024

The Pines Country Club Junior Golf Application

Junior's Name:_____

Parent/Grandparent's Name: _____

Sponsor's Name if not Pine's Member: _____

Member's Account Number: _____

Member's Phone #:_____ Work #:_____

In Case of Emergency Please Contact: Name: _____

                                        Phone:_____

Participant(s) Name: 1._____ Age:_____

                      2:_____ Age:_____

                      3:_____ Age:_____

Dates: June 18, 20, 25, 27

   July 9, 11, 24, 25

   August 6, 7, 8

   Rain Dates: July 29, 30 – August 13, 15

Ages & Times: 5-8 years old – 8:00 – 9:00

           9-12 years old – 9:15-10:15

           13-16 years old – 10:30-11:30

Cost Per Participant:

11 Session package: $250.00 for first child, $220.00 for 2nd child, $200.00 for each additional child.

Individual Session cost: $30.00 for first child, $25.00 for each additional child

Payment Method: 1. Bill my account – Account # _____

              2. Personal Check - Make out to: Bogey Rescue, LLC

As guardian of the above-named minor, I grant permission for them to participate in all activities of this program. I also recognize that engaging in recreational activities results in an assumption of some degree of risk on the part of the person participating and as such there exists likelihood for injury incidental to participating. I understand that the Pines does not carry accidental participation insurance because many participants elect to have such coverage of their own, and to do so would only result in higher fees for the participants. I assume all risks and hazards incidental to such participation, including transportation to and from special activities at other locations, and I do hereby waive all claims, and I hereby release, absolve, indemnify, and agree to hold harmless the Pines and all staff or volunteers used in providing this service for any claim arising out of injury. I further grant permission for emergency first aid to be given in case of injury. I grant permission for my child to be taken to the hospital, and the hospital staff has my authorization to provide treatment which a physician deems necessary for the well being of my child. I understand that any medical costs are the responsibility of the participant's family. I also grant permission for the Pines CC to utilize any pictures of my child for advertising/marketing purposes taken while they are engaging in golf instruction at The Pines CC.

Parent or Guardian's signature:_____