



Junior Golf League



Tournament Dates

Wednesdays

June 10th

June 17th

June 24th

July 8th

July 15th

July 22nd

July 29th
(Club Championship)

Ages: 9-17

Fee: \$75.00 (\$30.00 w/ SL County Jr. Golf Pass)

Location: Mountain View Golf Course

Time: Wednesdays - 7:00 AM Tee-Times

Mountain View's Junior League provides an opportunity for Junior Golfers to demonstrate and practice their skills in a competitive Junior friendly environment!

Participants will compete each week with other Junior golfers of similar age and skill sets.

Golfers will receive weekly 9-hole events throughout the season, handouts, tee gifts, and supervision from PGA trained instructors.

All tournaments will be flighted based on skill/age with gross and net winners.

Junior Golfers interested in participating are required to have the ability to perform the basic swing mechanics, course etiquette and behavior, as well as a knowledge of the basic rules of golf.

Junior golfers will be held accountable for proper behavior and golf etiquette. Violation of course rules could result in disqualification for that day of play.

Registration & Questions

If you would like to register or have any questions. Please contact Mountain View Golf Course:

*Mountain View Golf Course
2400 West 8660 South
(385)468-1414*

Or for more information

Visit our website: slcountygolf.com



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JUNIOR GOLF REGISTRATION FORM

(Please Print)
Name of Player _____ Boy ___ Girl ___ Grade ___ Birthdate _____ Age _____
(Last Name) (First Name)

Address _____ City _____ Zip _____

Email Address _____ (Participants will receive t-times, tournament reports, and updates via email)
(Very Important)

Name of Parent or Guardian _____ Home Phone: _____ Work: _____

In an Emergency please notify (Other than Parent or Guardian) _____ Phone: _____

Parental/ Participant Statement of Agreement Assumption of Risk, Liability Release, Indemnification and Refund Policy
Release & Indemnification: I hereby, recognize and acknowledge my child's participation in recreational activities may involve bodily injury and/or emotional injury to myself and/or my child. In consideration of my child being able to participate in such events, I, for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive, and discharge Salt Lake County, and its officers, employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except that caused solely by the willful misconduct of Salt Lake County, that may result from my child's participation in Salt Lake County Parks & Recreation activities. In addition, I agree that I or my insurance company will pay for medical, hospitalization or any other expenses resulting from my child's participation. Refund Policy: As per Salt Lake County policy and procedures, the Parks and Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. All refunds must be requested in person and accompanied with a written refund request. No refunds shall be given after the first day of the program. Collections: I agree to pay Salt Lake County all costs incurred, together with reasonable attorney's fees in the event that my account is referred to the Salt Lake County Attorney's Office for collection. I understand that any account delinquent 30 days or more will be turned over to the Salt Lake County Attorney for collection. Emergency Treatment: I hereby authorize Salt Lake County Parks & Recreation program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise therefrom. I understand that I or my insurance company will pay for such emergency treatment. Equal Opportunity: Salt Lake County Parks & Recreation provides equal opportunity to participate regardless of race, creed, gender, or ability to pay, and will, upon request, provide reasonable accommodations to individuals with disabilities. By signing this assumption of risk, liability release, indemnification and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosures, and that I agree to its terms.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only: Amount: _____ Receipt #: _____ Date: _____ By: _____