

Mtn View Junior Golf Camps



<u>Session Dates</u>	<u>Start Time</u>	<u>Register Before</u>
June 4-7	10:00 A -2:00 P	June 1st
June 25-28	10:00 A -2:00 P	June 22nd
July 16-19	10:00 A -2:00 P	June 13th
August 13-16	10:00 A -2:00 P	Aug 10th

Week Long Sessions!

Ages: 8-17

Monday-Thursday

Fee: \$150.00

Location: Mountain View Golf Course

Camps are designed to help advance the golf games and skills of intermediate and advanced junior golfers. By practicing on the range and playing on the course participants will become more comfortable with the rules, etiquette and techniques of the game. Camps are staged so players can take more than one session and continue to advance their skill level. Session dates and times vary, please check the schedule for available dates. Participants will receive 16 hours of instruction, including on course instruction, lunch everyday, and a Jr. Golf Participant Package. A 6-1 ratio of student to instructor will always be maintained.

All participants will be required to have their own set of golf clubs.

Registration & Questions

To Register please fill out the form on back and bring this form along with payment to:

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

Or for more information

Visit our website: slcountygolf.com



MOUNTAIN VIEW
GOLF COURSE



Junior Golf Camps

Session Date:

JUNIOR GOLF REGISTRATION FORM

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

Address _____ City _____ Zip _____ School _____

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: _____