



TOWN OF EAST HAMPTON

159 Pantigo Road
East Hampton, New York 11937
Office: (631)324-2417
Fax: (631)324-3085

John Rooney
Superintendent of Recreation

Golf Clinics 2018

1 Hour Golf Clinics

Who & When: Sundays – September 30, 2018
October 7, 14, 21 & 28, 2018
Grades K-2 9am
Grades 3-6 10:45am - Call 631-668-1100

****Please check the session or sessions you are enrolling in.****

*****There is a limit of 6 juniors per session*****

*****Additional dates & sessions can be set-up with a minimum of 4 juniors*****

Where: Montauk Downs State Park

Fee: \$125 Per Person for 5 Weeks

Register: Montauk Downs State Park ONLY

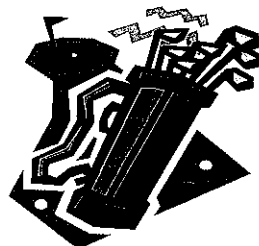
****Sign – up prior to start date*****

****Make all Checks Payable to: “Tee to Green”**

****BRING YOUR CHILD TO THE PRO SHOP AT MONTAUK DOWNS FOR A
COMPLEMENTARY GOLF CLUB.****

****REGISTRATION IN THE CLINIC IS NOT REQUIRED****

www.ehamptonny.gov



Town of East Hampton

Waiver of Liability

PLEASE FILL IN ALL INFORMATION BELOW

As parent/guardian for _____
(names(s) of child/children enrolling)

I hereby grant permission for his/her participation in the "EAST HAMPTON Program" sponsored and administered by the TOWN OF EAST HAMPTON.

In doing so, I understand that physical activities such as these sometimes result in accidents despite the best efforts of the organizer to supervise the participants. I accept any medical bills resulting from such an accident as solely my responsibility.

Further, in permitting my child's/children's participation, I agree to hold the TOWN OF EAST HAMPTON, its employees, volunteers assisting with the program as well as its elected and appointed officials, harmless from liability, resulting from, my child's/children's participation in the program.

Name(s) of child/children:

Sex: _____ Male _____ Female	Sex: _____ Male _____ Female	Sex: _____ Male _____ Female	Sex: _____ Male _____ Female
Grade: _____	Grade: _____	Grade: _____	Grade: _____
Age: _____	Age: _____	Age: _____	Age: _____

Address: _____ Program: _____

Telephone #: _____ Cell Phone: _____

Child's/Children's School: _____ Parent's E-mail: _____

Date: _____ Parent/Guardian Signature: _____

Parent/Guardian Name PRINTED: _____