



# After School Jr. Golf Clinic

**It is NOT necessary to have your own clubs!! Golf clubs will be available for use at the clinic!**



**WHO:** 1st, 2nd, 3rd, 4th, 5th, and 6<sup>th</sup> grade boys and girls

**WHEN:** January 11<sup>th</sup>, 12<sup>th</sup>, and 14<sup>th</sup>

**TIME:** 3:45p.m. - 5:00p.m.

**WHERE:** JAY SHIDELER ELEMENTARY SCHOOL

**FEE:** \$25.00 (includes Rules of Golf book)

**INSTRUCTORS:** Jared Goehring – Head Golf Coach @ Washburn Rural High School (with assistance from Washburn Rural High School Golf Team Members)

**ABOUT THE CLINIC:** The purpose of the clinic will be fundamentals (i.e. putting, chipping, etc), vocabulary, fitness and etiquette.

**REGISTRATION DEADLINE:** FRIDAY January 8<sup>th</sup>, 2015

Any questions please contact Jared Goehring – [goehrjar@usd437.net](mailto:goehrjar@usd437.net) or 785-969-3626 ©

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**CHILD'S NAME** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**PARENT/GUARDIAN NAME** \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

**RIGHT HANDED or LEFT HANDED: (circle one)**

**DO YOU HAVE YOUR OWN CLUBS: YES or NO (circle one)**

**EMAIL:** \_\_\_\_\_

Hold Harmless/Indemnify

I hereby grant my child, \_\_\_\_\_, permission to participate in the After School Jr. Golf Clinic. I hereby assume all risk of injury that may result from his participation in junior golf activities. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon those parties because of any defect in or lack of such capacity to act and release those parties on behalf of the minor and the parents or legal guardian. As parent/guardian, I release Auburn Washburn Schools, instructors, and all Junior Golf Clinic participants from all liability for injury that may result from camp activities. The school is not responsible for any loss or injury that results from participation in camp activities, or observing camp activities.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



Mail checks to Jared Goehring @ Washburn Rural High School - OR - bring payment first day of clinic  
5900 SW 61<sup>st</sup>  
Topeka, KS 66619