



2023 Summer Golf Program

Please Note: The Clinics are not for Beginners!

First Name: _____
Last Name: _____
Parent Name: _____
Phone#: _____
Email: _____

Please circle Clinic Dates you are signing your child up for!

Class 1 June 26 to 29 Class 2 July 10 – 13 Class 3 July 17 – 20
Class 4 July 24- 27 Class 5 July 31- Aug 3 Class 6 Aug 7 – 10
Class 7 Aug 14 -17

Example of Weekly Schedule

- 8am Start (May Drop off Earlier in morning we open at 6am)
- 8am –9am Lesson on course or practice Tee (Can Vary depending on day)
- 9am – 1pm Play 18 holes
- 1pm – 1:30pm Lunch (can bring own or purchase at snack bar, time will vary based on how busy the golf course is and ability to get kids back on course)
- 1:30 – 2:30pm Lesson on course or practice tee
- 2:30pm –?pm Back on course to play reminder of round (Can continue to play on course till 4:30pm if time available)

Cost \$250 per clinic, Checks Made Payable to Sterling Golf
Cost \$175 per clinic by purchasing a Jr Golf Pass for \$300. Golf Privileges Monday – Thursday anytime, Friday – Sunday and Holidays after 4pm.

Please make Checks payable to Sterling Golf & Mail back forms ATTN to Albie Bargoot

212 Kenrick Street, Newton, MA 02458
Tel: 617-630-1971 – Fax: 617-969-8756
e-mail: abargoot@sterlinggolf.com
www.sterlinggolf.com



SGM

Sterling Golf Management, Inc.

APPLICATION / EMERGENCY CONTACT INFORMATION / WAIVER OF LIABILITY

New Participant ___ Returning Participant ___ Class Date _____ Time _____

Name of Child: _____ Male ___ Female ___ Age _____

Date of Birth: ___/___/___ School: _____ Grade _____

Address: _____

City: _____ State: _____ ZIP: _____

Parent/Guardian: _____ Relationship: _____

Home Phone: () _____ Cell Phone () _____

Work Phone: () _____ Other Phone () _____

Email: _____

EMERGENCY CONTACT

Name _____ Relationship _____

Phone () _____

EQUIPMENT

I understand that any golf equipment received for use is the property of Sterling Golf Management, Inc. and must be returned upon each instructional lesson.

Parent/Guardian Initials: _____

HEALTH INFORMATION

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Physician's Name: _____ Phone: () _____

Please list any and all health conditions, diagnoses, and medical conditions whatsoever that your child has: _____

Allergies/Other: _____

Does your child have: Asthma? _____ Diabetes? _____ Epilepsy? _____

If I cannot be reached in an emergency, I permit and agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by the Sterling Golf Management, Inc. representatives. I hereby give permission to the medical personnel selected by the Sterling Golf Management, Inc. representatives to secure any and all advised hospitalization, medical dental and/or surgical treatment. In the event that such medical treatment is deemed needed by a healthcare provider, all cost of such care shall be borne by the parent or guardian.

I agree to the above (Parent/Guardian Initials) _____

ASSUMPTION OF RISK/WAIVER OF LIABILITY

I/We, the parents/legal guardians of the above-named youth give approval of participation in Sterling Golf Management, Inc./Newton Commonwealth Golf Course sponsored activities. I assume all risks of injury whatsoever and agree to hold forever harmless Sterling Golf Management, Inc., their employees, representatives and agents from any and all loss, claim, injury, damage, or liability sustained or incurred resulting from any activity, game, function, exercise, competition, or any other activity including any transportation to and from any activity, which is caused by or resulting from an act or omission, whether negligent, intentional, reckless or otherwise of any employee, representative or agent of Sterling Golf Management, Inc.

My signature below indicates that I have read and understand the above and constitutes my full acceptance of this waiver.

Parent/Guardian Signature

Date