



2024 Summer Golf Clinic

For all golf abilities

Ages 7 - 14

First Name: _____

Last Name: _____

Parent Name: _____

Phone#: _____

Email: _____

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

Class 1 June 24 to 27

Class 2 July 8 – 11

Class 3 July 15 – 18

Class 4 July 22- 25

Class 5 July 29- Aug 1

Class 6 Aug 5 – 8

Class 7 Aug 12 -15

Clinic Option

9am – 11am - \$200

9am – 1pm - \$300

9am – 3pm - \$400

**Please make Checks payable to Sterling Golf & Mail back forms ATTN to
Albie Bargoot
Newton Commonwealth GC
212 Kenrick Street
Newton, MA 02458**

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: _____



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HEALTH INFORMATION

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