



Sterling Golf Management, Inc.

## 2025 Summer & April Vacation Golf Program

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

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

April School Vacation April 22 – 24 \$300.00

Class 1 June 23 to 26      Class 2 July 7 – 10      Class 3 July 14 – 17

Class 4 July 21- 24      Class 5 July 28- 31      Class 6 Aug 4 – 7

Class 7 Aug 11 -14

All Classes other than April School Vacation \$400.00

### Example of Weekly Schedule

- 9am Start
- 9am – 10am Lesson on course or practice Tee (Can Vary depending on day)
- 10am – 12pm Play 9 holes (This will depend on players ability)
- 12pm – 12:30pm 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)
- 12:30 – 1:30pm Lesson on course or practice tee
- 1:30pm –3pm Back on course to play or practice tee work

**Cost \$400.00 per clinic. Payment via check or by purchasing a gift card online for amount above and email [albie.bargoot@gmail.com](mailto:albie.bargoot@gmail.com)**

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

Please tell us a bit about your child  
Have they played golf before? Y or N  
Do they have equipment? Y or N  
Beginner or Intermediate?

212 Kenrick Street, Newton, MA 02458

Tel: 617-630-1971 – Fax: 617-969-8756

e-mail: [abargoot@sterlinggolf.com](mailto:abargoot@sterlinggolf.com)

[www.sterlinggolf.com](http://www.sterlinggolf.com)



**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**

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