



2026 Summer & April Vacation Golf

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

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

April School Vacation April 21 – 23 \$350.00

Class 1 June 15 – 18 Class 2 June 22 - 25 Class 3 June 29 – July 2
Class 4 July 13-16 Class 5 July 20 - 23 Class 6 July 27 - 30

Class 7 Aug – 3-6

All Classes \$450.00

Golf Program for Ages 8-15

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 \$450.00 per clinic. Payment via check or by purchasing a gift card at newtongc.com for amount above and email 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

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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SGM
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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