



2024 Junior Golf Registration



Child(s) Name and Age _____

Child has his/her own clubs: **YES** or **NO** Years Playing _____

Parent's Names _____

Email: _____

Cell Phone: _____

Home Address: _____

Parental Consent and Waiver:

In consideration of my child's participation, I hereby release the Miacomet Golf Course, NGM inc., Nantucket Islands Landbank and any of their employees, instructors, agents, from any and all present and future claims resulting from its or their negligence or intentional acts and/or failures to act for property damage, personal injury, or wrongful death, arising as a result of my child engaging in or receiving instruction in Golf Camp activities. I hereby voluntarily waive any and all claims resulting from any such negligence or intentional conduct, both present and future, that may be made by my child, or family member. I certify that my child is in good health and is able to participate in physical activities. In the event of illness or injury, I grant permission for the staff to take appropriate action for my child's health and safety and to obtain any necessary medical assistance. I will be fully responsible for all medical expenses incurred by my child while attending the Junior Golf Program.

Signature of Parent: _____ Date: _____

Payment Options:

Credit Card Name _____

Card # _____ Exp date _____

Billing Zip Code _____

Miacomet Member Account (Member Name): _____

Email the registrations to Jack@Miacometgolf.com

TUESDAY JUNIOR CLINICS (AT MIACOMET DRIVING RANGE)

\$50 per session

Child's name(s):

Ages 7-8

1:30-2:15PM

June 18	<input type="checkbox"/>
June 25	<input type="checkbox"/>
July 9	<input type="checkbox"/>
July 16	<input type="checkbox"/>
July 23	<input type="checkbox"/>
July 30	<input type="checkbox"/>
August 5	<input type="checkbox"/>
August 12	<input type="checkbox"/>
August 19	<input type="checkbox"/>
August 26	<input type="checkbox"/>

Child's name(s):

Ages 9-10

2:30-3:15PM

June 18	<input type="checkbox"/>
June 25	<input type="checkbox"/>
July 9	<input type="checkbox"/>
July 16	<input type="checkbox"/>
July 23	<input type="checkbox"/>
July 30	<input type="checkbox"/>
August 5	<input type="checkbox"/>
August 12	<input type="checkbox"/>
August 19	<input type="checkbox"/>
August 26	<input type="checkbox"/>

Clinic Total: \$ _____

Cancellation Policy:

Charges will be billed each week within 7 days of scheduled clinic date. Any cancellations must be made 7 or more days prior via email in order to not be charged for the previously assigned clinic. Lack of cancellation / no-shows will result in the charging of that week's scheduled clinic.

TUESDAY JUNIOR CLINICS (AT MIACOMET DRIVING RANGE)

\$50 per session

Child's name(s):

Ages 11-17

3:30-4:30PM

June 18	<input type="checkbox"/>
June 25	<input type="checkbox"/>
July 9	<input type="checkbox"/>
July 16	<input type="checkbox"/>
July 23	<input type="checkbox"/>
July 30	<input type="checkbox"/>
August 5	<input type="checkbox"/>
August 12	<input type="checkbox"/>
August 19	<input type="checkbox"/>
August 26	<input type="checkbox"/>

Clinic Total: \$ _____

Cancellation Policy:

Charges will be billed each week within 7 days of scheduled clinic date. Any cancellations must be made 7 or more days prior via email in order to not be charged for the previously assigned clinic. Lack of cancellation / no-shows will result in the charging of that week's scheduled clinic.

TINY TIGERS (AT MIACOMET DRIVING RANGE)

Ages 5&6

Parents or Guardian must be present for class

\$35 per session

Tuesdays: 12:45-1:15PM

Child's name(s):

June 18		July 30	
June 25		August 6	
July 9		August 13	
July 16		August 20	
July 23		August 27	

Tiny Tigers Total: \$ _____

Cancellation Policy:

Charges will be billed each week within 7 days of scheduled clinic date. Any cancellations must be made 7 or more days prior via email in order to not be charged for the previously assigned clinic. Lack of cancellation / no-shows will result in the charging of that week's scheduled clinic.

THURSDAY JUNIOR GOLF
AT SCONSET GOLF COURSE
2 hours of golf- on course play and practice

\$75 Per Session

Age Group (circle 1)

7-8,

9-10,

11-12,

13-17

Child's name(s):

Thursdays: 12-2PM

June 27	<input type="checkbox"/>
July 11	<input type="checkbox"/>
July 28	<input type="checkbox"/>
July 25	<input type="checkbox"/>
August 1	<input type="checkbox"/>
August 8	<input type="checkbox"/>
August 15	<input type="checkbox"/>
August 22	<input type="checkbox"/>
August 29	<input type="checkbox"/>

Clinic Total: \$ _____

Cancellation Policy:

Charges will be billed each week within 7 days of scheduled clinic date. Any cancellations must be made 7 or more days prior via email in order to not be charged for the previously assigned clinic. Lack of cancellation / no-shows will result in the charging of that week's scheduled clinic.

