

Activity Consent Form

Player Last Name, First Name

Date of Birth MM/DD/YYYY

Signature of Participant

_____ has permission to participate in the workshop. I understand that participation sports involve a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given my child consent to participate in this activity. I understand that participation in this activity is entirely voluntary and requires participants to follow instructions. I release the Clearview Legacy Foundation, the instructors, the activity coordinators, and all the employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability.

Parent/Guardian Last Name, First Name

Parent/Guardian Signature

Date

In case of an emergency, please contact me at:

Clearview Golf Club Presents



HIGH SCHOOL GIRLS GOLF WORKSHOP

Tuesday, June 6, 2017

9:00 a.m. – 1:00 p.m.

Light Lunch Provided

Only
\$95

Golf Instruction provided by
Renee Powell, LPGA, PGA
& Catherine Duggan, LPGA

IMPROVE YOUR GAME

This workshop is an excellent opportunity to work on both the technical and mental aspects of the game. We'll cover a variety of topics including:

- Mental Approach
- How to Practice
- Course Management
- Club Selection
- Reading Greens
- Short Game Strategy



This workshop will also cover information on college scholarship opportunities.

Contact us today for more information and to reserve your spot. Space is limited. Deadline to reserve is Monday May 22, 2017.

Visit us online at
www.clearviewgolfclub.com/golfprograms

Registration Form

Player Name

School

Address

City

State

Zip

Phone

Payment Method

\$ 95.00

Check

Credit

Cash

Card Number

Expiration Date MM/YY

Name as it Appears on Card

Signature

Please make checks payable to:

Clearview Legacy Foundation

P.O. Box 30196

East Canton, OH 44730