

# Bridgeport Country Club Junior Golf 2024 Registration Form

Participant Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(PLEASE PROVIDE A LIST OF ANY ALLERGIES WHEN TURNING IN REGISTRATION FORM)

Emergency Contact Name \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Golf Skill Level: Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

Do You Need Clubs? Yes \_\_\_\_\_ No \_\_\_\_\_ Right Handed \_\_\_\_\_ Left Handed \_\_\_\_\_

THE CLINICS WILL BE TAUGHT BY PGA PROFESSIONAL AND U.S. KIDS GOLF MASTER KIDS COACH MIKE GERVAIS. FOR MORE DETAILS OR QUESTIONS PLEASE CONTACT MIKE @ (304) 842-3111 OR [MGERVAISPGA@GMAIL.COM](mailto:MGERVAISPGA@GMAIL.COM)

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PLEASE RETURN THIS FORM ASAP TO SECURE SPOT IN CLINIC(S) (See Next Page for Clinic Schedule/Select Dates attending)

\_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_ Member Charge \_\_\_\_\_

As guardian of the above-named minor, I grant permission for them to participate in all activities of the BCC Junior Golf program at Bridgeport CC. I recognize that cameras may be present during sessions, I agree to have my child photographed, and I agree to allow Bridgeport County Club using these photos for future ads and promotions. If I wish to opt-out, I agree to submit in writing to BCC business office the opt-out request.

I also recognize that engaging in recreational activities results in an assumption of some degree of risk on the part of the person participating and as such there exist likelihood for injury incidental to participating. I certify the participant is in good health and able to participate with no limitations. In the event a medical emergency were to happen on the premises when I am not present or cannot be contacted, I give my permission to secure medical attention. Also, I hereby release, Bridgeport Country Club and all clinical instructors and volunteers of all liabilities due to injury or illness.

Parent Signature \_\_\_\_\_ DATE \_\_\_\_\_

## **Junior Golf Clinic Dates**

**\*\*Cost is \$30 per clinic, or you can choose a complete clinic package (\$150 for 6 Clinics\*\***

**\*\*\*Please select a date and time for each week available\*\*\***

April 2 <sup>nd</sup>	5:00pm-6:00pm _____	6:00-7:00pm_____
April 9 <sup>th</sup>	5:00pm-6:00pm _____	6:00-7:00pm_____
April 16 <sup>th</sup>	5:00pm-6:00pm _____	6:00-7:00pm_____
April 23 <sup>rd</sup>	5:00pm-6:00pm _____	6:00-7:00pm_____
April 30 <sup>th</sup>	5:00pm-6:00pm _____	6:00-7:00pm_____
May 7 <sup>th</sup>	5:00pm-6:00pm _____	6:00-7:00pm_____

**\*\*Cost for Summer camp is \$250 per participant. Families with two or more children participating will receive a \$25 discount per child\*\***

### **Summer Junior Golf Camp #1**

June 19<sup>th</sup>- June 21<sup>st</sup>      9:00am-12:00pm\_\_\_\_\_

### **Summer Junior Golf Camp #2**

July 17<sup>th</sup>- July 19<sup>th</sup>      9:00am-12:00pm\_\_\_\_\_