

# Youth Christmas Clinic at Oakhurst Golf Club



**Class 1 | Tuesday, December 26<sup>th</sup>**

**Class 2 | Wednesday, December 27<sup>th</sup>**

**Class 3 | Thursday, December 28<sup>th</sup>**

**5-8 year olds | 11a-12p | \$35 per class\***

**9-12 year olds | 12:30p-2p | \$50 per class\***

*\*The cost includes instruction, hot dog and fountain drink.*

Each individual class day will include golf skill instruction, fun golf skills games, and sportsmanship. Each class day is independent, so your junior can attend a specific day or attend the entire three days of class. **To register fill out the registration form and turn into the Oakhurst GC pro shop.** Taught by Director of Instruction, Janean Murphy.

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Junior Name | \_\_\_\_\_

5-8 year old | 11a-12p | \$35 per class

9-12 year old | 12:30p-2p | \$50 per class

Tuesday, December 26<sup>th</sup>

Wednesday, December 27<sup>th</sup>

Thursday, December 28<sup>th</sup>

Please, Check the box(es) of all classes that your junior will attend.

\$  Total amount paid on \_\_\_\_\_ date.

Parent Name | \_\_\_\_\_

Parent Cell | \_\_\_\_\_

Parent E-mail | \_\_\_\_\_

\*Return this form & waiver (back) to the Oakhurst GC Golf Shop with payment  
to reserve your juniors spot.



**Janean Murphy Golf Academy at Oakhurst Golf Club**

**Release & Waiver**

I, \_\_\_\_\_ (parent's name), have enrolled my child, \_\_\_\_\_ (child's name) to participate in the 2017 Youth Christmas Clinic conducted by the Janean Murphy Golf Academy at Oakhurst Golf Club (OHGC) in Porter, TX. I have read the following terms and by signing this document, I am agreeing to all terms unconditionally.

1 | I fully recognize the risks of injury inherent in participation in a program of this nature and I present to the Janean Murphy Golf Academy and OHGC that my child is physically capable of participating in such a program.

2 | I hereby release the Janean Murphy Golf Academy and OHGC and/or its officers, directors, agents, servants, employees, parent company and subsidiaries from any and all liability in connection with my child's participation.

3 | I further indemnify and hold harmless Janean Murphy Golf Academy and OHGC and the aforementioned from any and all claims, actions, demands, costs, liabilities, expenses or judgments whatsoever, including my attorney's fees and costs which might arise from my child's participation in the program.

4 | In the event my child has a **medical emergency** while participating in any program run by Janean Murphy Golf Academy or OHGC, I authorize emergency medical treatment of my child by a licensed health-care practitioner selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medications for my child. I understand reasonable efforts will be made to contact me.

5 | I hereby execute and deliver this release waiver to Janean Murphy Golf Academy and OHGC and permit my child's participation at my own risk and without representation of any kind or character having been made by Janean Murphy Golf Academy or OHGC.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 2017.

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Signature of Parent or Guardian

