



AFTER SCHOOL PROGRAM

Thursdays: 5/5, 5/12, 5/19, 5/26 & 6/2, 2016 ~ after school until 5:30 pm
@ LEGENDS GOLF ~ Cost \$150.00 for all 5 Thursdays

Participating Schools:

Saint Catherine & Mount Saint Mary Academy

For students of participating schools transportation to Legends Golf & Family Recreation in Hooksett, NH is provided by the Foster's Golf Camp bus. All others are responsible for their own transportation with a drop off any time after 2:45 pm. After school program includes **golf lessons** (clubs provided) **driving range balls and mini golf**. Parents must pick up their children by 5:30 PM at Legends, please convene near the mini golf location. The registration form must be filled out and **returned with payment to** Foster's Golf Camp, 240 Tory Road, Manchester, NH 03104 by April 22, 2016. Limited space available – first come, first served basis. Questions: www.fostersgolfcamp.com or 603-622-1553.

GOLFER'S INFORMATION Female Male New Returning

Name _____ Age _____

School _____ Grade _____

PARENT/GUARDIAN 1

PARENT/GUARDIAN

Name _____

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail _____

Emergency Contact _____ Phone _____

WAIVER AND RELEASE I have adequate medical insurance coverage, and give my daughter/son permission to attend the Foster's Golf Camp. We (or I) agree to indemnify the golf courses attended, their employees, Foster's Golf Camp and its employees, for any claim which may hereafter be presented by my daughter/son as a result of such injuries. In addition, our daughter/son understands all the rules and regulations of Foster's Golf Camp and promises to conform to such rules. I authorize Foster's Golf Camp to photograph and/or videotape my daughter/son for use in publications and/or website. I hereby authorize Ted Foster and/or instructors to act in my behalf, using the best judgment in any emergency requiring medical attention other than that maintained by the camp I will be responsible for any charges incurred and will pay such charges arising from the medical care of my child.

Parent's Signature: _____

Date: _____