



## “INTRO TO GOLF” AFTER SCHOOL PROGRAM

Thursdays: 5/9, 5/16, 5/23, 5/30 & 6/6, 2024 ~ after school until 6:00 pm

@ HIDDEN VALLEY ~ Cost \$175.00 for all 5 Thursdays

**Welcoming Students K – 6**

**Students from non – participating schools** must provide their own transportation to Hidden Valley and arrive no earlier than 3:00 PM. These students will return on the Foster’s Golf Camp bus to the pickup location listed below.

After school program includes **all the fundamentals of the game, practice clinics and course play.**

Parents must pick up their children by 6:00 PM at Derryfield Park across from Trinity High School.

Please complete and return the form with payment to Foster’s Golf Camp, 240 Tory Road, Manchester, NH 03104 by April 8, 2024. Limited space available – first come, first served basis.

**Questions:** coach@fostersgolfcamp.com or 603-622-1553.

**GOLFER’S INFORMATION** Female Male New Returning

Name \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

### PARENT/GUARDIAN 1

### PARENT/GUARDIAN 2

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 Foster’s Golf Camp. We (or I) agree to indemnify the golf courses attended, their employees, Foster’s Golf Camp, and its instructors, 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: \_\_\_\_\_

THE ULTIMATE JUNIOR GOLF EXPERIENCE – CELEBRATING 31 YEARS!

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