

# Grimes Parks & Recreation De

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[www.grimesiowa.gov](http://www.grimesiowa.gov)

CITY OF  
**GRIMES**



## Winter Co-Ed Adult Golf Clinic

### Program Description:

This clinic is taught by **Teaching Professionals**, at the Longview Golf Centre Dome in Grimes. The clinic is designed for participants interested in learning the game of golf in a fun way. Each clinic participant should at least bring a wood, iron, and putter. Golf balls are supplied by the Longview Golf Centre.

**Who:** Adults ages 18 and up

**Where:** Longview Golf Centre Dome on NW 54<sup>th</sup> Ave in Grimes

**Dates:** Tuesdays, February 14– March 6, 2012  
(Deadline is Monday, February 13, 2012)

**Times:** 7:00pm – 8:00pm (Max of 8 people per clinic)

**Questions:** Contact Brett Barber, Grimes Parks & Recreation Director at [bbarber@ci.grimes.ia.us](mailto:bbarber@ci.grimes.ia.us).

**To Register:** Pre-registration required. Please pay with cash/check to City of Grimes. Drop off or mail registration to the P & R Office located in the Grimes Community Complex on 410 S. Main Street Grimes, IA 50111.

**Cost:** \$40 per participant



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### 2012 "Indoor Winter Adult Golf Clinic" Registration Form

PARTICIPANT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

Add me to the Grimes Rec Email List:            Yes            No            Already on the List

#### Release and Indemnification Agreement:

I hereby request that you accept my application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event I am injured in an accident that occurs while I am participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage while I participate in this particular activity. I will also allow pictures of myself during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Grimes Parks & Recreation Office Location ~ 410 SE Main St. in Grimes**