

Grimes Parks & Recreation De

Telephone: (515) 986-2143

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www.grimesiowa.gov

CITY OF GRIMES



Summer Youth Golf Clinics for Ages 7 - 17

Program Description:

This 5-day clinic is taught by **Brett Long, Professional Instructor** at the Beaver Creek Golf Course 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. They may also bring a water bottle, sunscreen, and insect repellent. Golf balls are supplied by the Beaver Creek Golf Course. **Ratio is 1:10.** The Grimes Rec **does not** provide transportation to the golf course.

Who: For Boys and Girls Ages 7 - 17

Where: Beaver Creek Golf Course (11200 NW Towner Dr, Grimes)

Dates: Monday, July 9 – Friday, July 13

Time: 6pm – 7pm

Questions: Contact Brett Barber, Grimes Parks & Recreation Director at bbarber@ci.grimes.ia.us or by calling 515-986-2143.

To Register: Register ONLINE, OR bring in registration to the GCC, OR mail to 410 SE Main St. in Grimes, IA 50111.

Cost: \$50.00 per participant



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2012 "Summer Youth Golf Clinics" 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

Cost is \$50 per participant

Release and Indemnification Agreement:

I hereby request that you accept my child's application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my child, 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 my child is injured in an accident that occurs while he or she is 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 on behalf of my child 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 for my child while he or she participates in this particular activity. I will also allow pictures of my child 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