



**Township of Cedar Grove
Recreation Department**
525 Pompton Ave. Cedar Grove, NJ 07009
(973) 239-1410 x220

Winter Golf Clinic

**FOR CANCELLATIONS DUE TO INCLEMENT WEATHER;
“LIKE” US ON FACEBOOK, www.facebook.com/cedargroverec or
“FOLLOW” US ON TWITTER, @CedarGroveRec or call #973-230-9944**

- **Who:** Children Ages 6-13; not including HS students
- **Where:** LRP Gym – 520 Pompton Ave.
- **When:** Mondays & Thursdays – January 6th – March 26th
- **Time:** 6:00-7:00pm
- **Fee:** \$175.00/child - - Late fee of \$10 after 12/6/19 – no refunds after 12/6
MAKE CHECKS PAYABLE TO TOWNSHIP OF CEDAR GROVE
Fee includes; 24-one hour lessons, a golf shirt and professional instruction.

Equipment Needed: All children must bring a 5 iron or 7 iron of their own to every practice.

Description: These clinics will teach your child to have fun while learning the fundamentals, etiquette and rules of golf. The first 10 minutes of every practice will be warm-ups, followed by 5 minutes of lesson plan from two professional instructors and the last 45 minutes we will have the kids either working individually or 1 on 1 with a professional.

Winter Golf Clinic – 2020

NAME _____ AGE _____ GRADE _____ SCHOOL _____

ADDRESS _____ HOME PHONE _____

CELL PHONE _____ EMERGENCY CONTACT _____

EMAIL _____ PREFERRED HOSPITAL _____

Any Allergies/Health Conditions we should be aware of? (If *Yes*, explain) _____

I will not hold Cedar Grove Township, Cedar Grove Recreation or any of their representatives responsible for any loss or injury I may incur while playing or practicing. I am in good health and able to participate without restriction. I also authorize Cedar Grove Recreation Department personnel/coaches to contact appropriate emergency personnel, should I need medical assistance. In conjunction with the child’s participation in the recreation program, the Township may make or arrange to make certain images of a child or children participating in such activities, such as still photographs, video tapes or other recorded moving images. I consent to, give permission for and authorize the Township to use the images of the child.

Parent/Guardian Signature _____ **Date** _____

\$175.00