

COLLEGIATE PEAKS
GOLF COURSE

2024 Junior Clinic Registration Form

Childs Name: _____ D.O.B. _____ Gender _____

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Parent's Name(s): _____

Home Phone: _____ Mobile: _____

Email: _____

Address: _____

City/State/Zip: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Child's allergies, limitations, or medical conditions that we should know about:

Golf Ability Level (Circle One):

Beginner

Intermediate

Advanced

Rate: \$120 per athlete for each 4 week session

Ages 5-10 Monday's 10:00 am – 12:00 pm

- **Session 1** - June 3rd, 10th, 17th, 24th
- **Session 2** - July 15th, 22nd, 29th and Aug 5th

Ages 11-16 Thursday's 10:00 am – 12:00 pm

- **Session 1** - May 30th, June 13th, 20th, 27th
- **Session 2** - July 18th, 25th, and Aug 1st, 8th



Collegiate Peaks Junior Golf Clinic Waiver and Release:

Collegiate Peaks Golf Course (CPGC) is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. CPGC continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational programs/activities.

Golfing is an activity intended to challenge and engage the physical, mental, and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury. Understandably, not all hazards and dangers can be foreseen. It must be recognized that it is impossible for CPGC to guarantee absolute safety.

Waiver and Release of all Claims and Assumptions of Risk

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity.

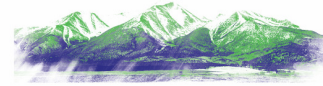
I recognize and acknowledge that there are certain risks of physical injury to participants in the program/ activity, and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss regardless of severity, that my minor child/ward or I may sustain as a result of said participation.

I have read and fully understand the above important, warning of risk, assumption of risk and waiver and release of all claims.

Participants Name(s): _____

Parent or Guardian Name: _____ Date: _____

Parent of Guardian Signature: _____



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Photography and Video Waiver

Photographs and videos may periodically be taken of people participating in the Collegiate Peaks Golf Junior Clinic. Photos or videos may be used for promotional purposes including our website, promotional videos, brochures, fliers and other publications.

I have read and fully understand that photos and/or videos may be taken and used at any time of my child/ward.

By signing, I am giving permission to CPGC access to use photos and videos taken of my minor.

Parent/Guardian Signature: _____ Date: _____

Please return by mail or in person to:

Collegiate Peaks Golf Course

28775 Fairway Dr., Buena Vista, CO, 81211

Check payable to: Collegiate Peaks Golf Course