

Free Bastrop County Youth Clinic

@ ColoVista Golf Course Driving Range

Saturday, October 2nd , 2021

9:00am-11:00am

All kids 4th- 8th grade are welcome!

Enjoy games! Learn golf! Food Provided!

Special Notes: Class limited to 50 kids. Completed and signed registration must be returned by **September 30th**. Please drop off at Pro-shop or email to colovistagolfassociation@gmail.com.

Clinic hosted by ColoVista Golf Association.

Questions: Please contact Pro shop at 512-629-4585 and ask for Chris or Bobby, or email colovistagolfassociation@gmail.com.

Junior Golf Camp Registration Form

Child's Name: _____ Parent/Guardian _____

Address _____ Age _____

City _____ State _____ Zip _____ Phone _____

Email _____

Skill Level: ____ Never touched a club ____ Some Skills ____ Intermediate ____ Do you have clubs? ____ Yes ____ No

Emergency Contact Name _____ Phone _____

Please list any allergies, medical conditions, or special needs of which we should be aware:

Please list the adults who have permission to pick up your child.

Name _____ Relationship _____

Waiver Statement (must be signed)

I, the undersigned, intending to be legally bound, do hereby for myself, family, guardians, charge/charges, heirs, executors and administrators, waive and release any and all rights to claims for damages, which I/we may have against the ColoVista Golf Club, their representatives, successors and employees for any injuries which I/we may suffer in connection with my/our use of this facility or involvement in activity. At various times the videotapes and photographs events to be submitted to the local media. By using this facility or participation in an activity, I/we hereby authorize ColoVista Golf Club to reproduce, copy, exhibit, publish, broadcast, or distribute any and all such tapes or photographs. I have read the above and understand the rules and regulations of the ColoVista Golf Club that have been made available to me.

Signature of Parent / Guardian _____ Print Name _____ Date _____