CityParks Junior Golf Center

2014 Individual Group Lesson Application

INTERMEDIATE (2014 May Session)

First Name _____ Last Name _____

Street_____ Borough_____ State_____ Zip_____

E-mail address: _____

Gender: ☐ Boy ☐ Girl Age _____ Date of Birth: _____

Mother/Guardian _____ Home # _____ Alt. # _____

Father/Guardian _____ Home # _____ Alt. # _____

Ethnicity (optional): ☐ African/American ☐ Asian ☐ Native American ☐ Pacific Islander ☐ Caucasian ☐ Hispanic ☐ Other

School_____ Is student eligible for free or reduced lunch in school? ☐ Yes ☐ No

Has your child previously participated at City Parks Junior Golf Center? ☐ No ☐ Yes # of years_____

If yes state the last class taken. Class Name: _____Month:_____ Year: _____

Other than at the Junior Golf Center, has your child ever participated in our *CityParks Golf* summer instructional program? ☐ No ☐ Yes, # of years ___ Park Name: _____

How did you hear about the CityParks Junior Golf Center? _____

May Program Schedule:

You can register for up to eight lessons per month. Please number choice(s) in preferred order:

#	Age	Session Dates	Day	Time	Number of Lessons
_____	9 - 17 yrs	May 6 – May 27	Tues.	5:30 – 6:45	4
_____	9 - 17 yrs	May 8 – May 29	Thurs.	5:30 – 6:45	4
_____	9 - 17 yrs	May 10 – May 31	Sat.	8:45 – 10:00	4
_____	9 - 17 yrs	May 10 – May 31	Sat.	3:45 – 5:00	4
_____	9-17 yrs	May 11 – June 1	Sun.	10:30 – 11:45	4

Parent/Guardian Consent

1) I attest that my child is in good health and consent to allow my child to participate in free group instructional programs held at the CityParks Junior Golf Center. I understand and assume the risk and danger incidental to the game of golf, including but not limited to, the risk of my child being hit by an errant or misdirected golf shot, and agree to hold harmless City Parks Foundation, the Department of Parks & Recreation, the City of New York, the participating facility, employees and volunteers thereof from any and all liabilities resulting from such causes.

2) In the event I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by the Golf Center staff. In the event that such medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian.

3) I grant City Parks Foundation and its subsidiaries, the right to videotape, film, and photograph my child, and the right, in perpetuity, to use my child's name, likeness, biographical information and voice in all forms of media (including the internet) in connection with the advertising and promotion of the CityParks Junior Golf Center and City Parks Foundation.

Signature of Parent or Guardian _____ Date_____

MAIL THIS APPLICATION TO:

CityParks Junior Golf Center, 8850 14th Ave, Brooklyn, NY 11228

Note: Your confirmation will be sent **by e-mail.**