

**\$120.00**

**Per Child**

**Ages 5-15**

**\$20 Early Bird**

**discount if paid in full  
3 days prior to start  
date**

**Monday-Thursday  
6:00pm - 7:30pm  
1. June 4 - 7  
2. July 16 - 19**

**Do not need to be a  
Diamondhead  
resident or golf  
member to  
participate**

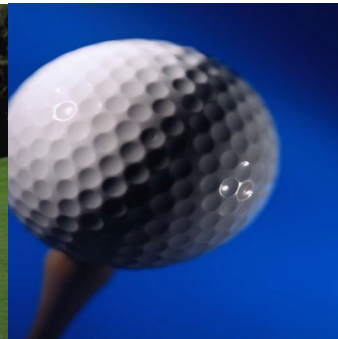
**Limited to 1st 30  
Paid Entries**

**228 255-3910  
dhccgolfshop@cablone.net  
www.diamondheadms.org**

# 2018 DIAMONDHEAD SUMMER JUNIOR GOLF CLINICS

**Monday-Wednesday: Chipping,  
Putting, Full Swing, Course  
Etiquette.**

**Thursday: Overview, Drive, Chip &  
Putt Competition, Pizza Award  
Banquet**



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**Complete & Return to Golf Shop  
Please Circle Session(s): Session 1    Session 2**

Child \_\_\_\_\_ Age \_\_\_\_\_ Session \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_ Session \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

In Emergency Contact \_\_\_\_\_

Golf Level (circle)  Beginner     Intermediate     Advanced

I hereby grant permission for my son or daughter to be photographed and/or videotaped by Diamondhead Country Club, Golf, Tennis & POA in conjunction with activities associated with Junior Golf Clinic. I hereby grant the POA permission to use my child's likeness in any and all of its publications, including websites, without payment or any other consideration. I expressly and forever discharge the Diamondhead POA and any of its authorized agents any and all claims and demands of any kind whatsoever in relation to, or arising out of, the image. I also don't hold the Diamondhead POA responsible for injury that may occur due to my child's participation in Junior Golf Clinic.

Parent/Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_