



Heritage Christian Academy

SPRING GOLF CLUB REGISTRATION FORM

Open to Kindergarten- 5th Grade



Spring GOLF

DATES | Thursdays, March 28th – May 23rd

No tennis on April 11th for Spring Break

CLASS AGES/TIMES

Age | K to 5th

Time | 3:15-4:00pm

CLASS COST:

\$160 per Child for 8 Sessions



Coaches with M&M Kids Sports supply everything for your child including:
Age-appropriate kid size Golf Clubs, Golf Balls, Pitching, Putting & Chipping Greens, & lots of ***FUN!***

Kids will Learn:

Pitching, Putting, Chipping, Driving, Hand-eye Coordination, Speed & Movement Coordination, how to keep Score, Golf Games, Listening Skills, Balance, Speed, and more...

Student Name: _____ Age/Date of Birth: _____

Teacher: _____ Grade: _____

What Sport has your child played? _____

Has your child played Tennis before? _____ Is your child Left-Handed or Right-Handed? _____

Guardians Name: _____ Cell Number: _____

***Registration filled out, upon return, club fees will be posted to your account *
due to the office by Monday, March 18th***

Waiver/Indemnification

Parent or legal guardian must sign below before acceptance into program. As parent/legal guardian of the child named herein. I hereby represent that the child has been deemed physically fit by his/her pediatrician to participate in tennis instruction. I understand that there are inherent risks in participating in this athletic program. I hereby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my child as a result of his/her participation in tennis instruction. I understand that all enrollments are final, and no refunds will be issued once payment is made. I further agree to indemnify and hold harmless M&M kids, LLC and any of their coaches from any and all liability, damage, cost or expenses arising out of my Child's participation of every kind and nature. In the event that I cannot be reached in an emergency, I hereby give permission for the care to be administered by M&M Kids, LLC staff, EMT, Physician/Staff of hospital or any other qualified individual to provide medical treatment deemed necessary for my child. As well, I give permission to communicate with me via text and email and to take pictures and or videos of my child for advertising and marketing purposes.

Name: _____ Relation to Child: _____

Signature: _____ Date: _____