



## Youth Activity Center Golf Program Parent Information

Dear Parent:

Thank you for allowing your child to participate in this program. This activity is part of a National Parks & Recreation Association "Sticks for Kids" grant that provides the opportunity for youth to learn the sport. They will receive instruction from Centennial Golf Course staff and the grant provides the clubs.

Participation is limited to eight kids, so this opportunity is on a first come, first serve basis. This FREE program is tentatively scheduled for every other Thursday (please see dates below). Constant absences from the program or behavior issues will result in your child being placed on the waitlist or removal from the activity.

<p><b>Spring 2014 Golf Schedule – Thursdays</b> Lessons are from 3:30 pm – 4:30 pm @ Centennial Golf Course Lessons + Transportation to and from the Youth Activity Center is from 3:00 pm -5:00 pm</p>
April 10
April 24
May 8
May 22
June 5
*Dates subject to change due to weather.

**On golf days, please make sure your child has:**

- Closed toed shoes
- Athletic clothes (sleeved shirts)
- Water bottle

**Equipment:**

- The program provides the clubs and golf balls
- Kids are responsible for the equipment during the lessons.
- Participants are welcome to bring their own equipment.

Please call Medford Parks & Recreation at 541-774-2481 for more information.



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Staff will be transporting the kids in a City of Medford van to the golf course. Please let staff know if you will be bringing and picking-up your child from the program.

**Please sign below if you give your child permission to participate in this activity.**

By signing below, I give my child permission to participate in this activity and to be transported by city staff by city vehicle.

**WAIVER OF LIABILITY** (all participants must sign): In consideration of the acceptance of my entry in this activity, I, the undersigned, having fully informed myself of the risks involved FREELY AND VOLUNTARILY AGREE TO ASSUME ALL RISKS incident to or arising from my child's participation in this activity. I attest and verify, having full knowledge of my child's physical condition and limitations that my child is physically fit to participation in this activity. I further WAIVE AND RELEASE for myself, my heirs, assigns, executors and administrators the City of Medford, it's officers and employees, from any and all claims for damages or injury, known or unknown, that I may have against them incident to or arising from my participation in this activity. I will also assume and pay my own medical and emergency expenses in the event of accident, illness, or other incapacity incident to or arising from my child's participation in this activity and consent to emergency medical care provided by ambulance or hospital personnel. I also give permission to City of Medford staff to transport my child in a city vehicle.

Child's name: \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent Drop Off/Pick Up \_\_\_\_\_ YAC Drop Off/Pick Up \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email will be the primary source of communication for rainouts and date changes, so please use the best email address for us to reach you on.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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