

**Waldau's Junior Golf Clinic**  
**Hosted by Waldau Junior Golf, Inc. and Okeechobee Golf & Country Club**  
June 21, 2010 - June 25, 2010 at the Okeechobee Golf & Country Club

**Golf Clinic Fee: \$100.00 For ages 8 - 13 only.**

**WALDAU'S JUNIOR GOLF CLINIC APPLICATION**

Junior Golfer Name: \_\_\_\_\_ Age: \_\_\_\_\_  Female  Male

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip \_\_\_\_\_

Parents/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Who is authorized to pick up child from Clinic? (please list full name(s) and relationship to child):  
\_\_\_\_\_  
Phone: \_\_\_\_\_

Will you have your own clubs? Yes \_\_\_ No \_\_\_ If not - Right handed \_\_\_ Left handed \_\_\_

Junior Golfer Shirt Size: \_\_\_\_\_ Child? \_\_\_ or Adult? \_\_\_

Snacks will be provided on a daily basis, and a lunch will be served on the final day of the clinic. Please list any food that your child is allergic to or not allowed to eat, so that we may plan accordingly.

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Waldau's Junior Golf Camp? \_\_\_\_\_

**Waiver and Release**

Acknowledging that participation in golf carries with it a small risk of physical injury, I agree that Waldau's Junior Golf, Inc. and its agents; Okeechobee Golf & Country Club, Inc., its agents and employees, and golf instructors shall not be liable to me or my child for any injury or damage, howsoever caused, resulting directly or indirectly from my child's participation in the Waldau Junior Golf, Inc. Junior Golf Clinic, hosted by Okeechobee Golf & Country Club, Inc., at any time preceding, during or after camp is in session and I hereby discharge the above listed from all actions, claims and demands I or my child may have for any such injury or damage.

CHECK  I hereby grant permission to Waldau Junior Golf, Inc. and Okeechobee Golf & Country Club, Inc. for my child to participate in the Waldau's Junior Golf Clinic on the dates of June 21, 2010 to June 25, 2010.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fee: \$100.00 Received on \_\_\_\_\_ Method of Payment: \_\_\_\_\_**

SPACE IS LIMITED TO FIRST 20 **PAID** JUNIOR GOLF CLINIC APPLICANTS

If mailing application please send to:

Waldau Junior Golf, Inc., PO Box 1976, Okeechobee, FL 34973 or  
Okeechobee Golf & CC., 405 NE 131 Lane, Okeechobee, FL. 34972

**Please make checks payable to Waldau's Junior Golf, Inc.**  
**For more information contact Bridgette (467-7300) or OGCC (763-6228)**  
**Fax (Bridgette) 467-8488**