



**BRISTOL OAKS**  
*Golf Club & Banquet Center*

16801-75<sup>th</sup> Street (Hwy. 50), Bristol, WI 53104  
Ph: (262) 857-2302: Fax: (262) 857-2170

## 2021 Bristol Oaks Junior Golf Program Form

JR. First Name: \_\_\_\_\_ JR. Last Name: \_\_\_\_\_

JR. Age: \_\_\_\_\_

Guardian's First Name: \_\_\_\_\_ Guardian's Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Allergies/Medication: \_\_\_\_\_

Jr. Golf Fee \$100

Additional Family Members: Junior Family Members - \$50

### Junior Group Date & Time Slots

Tuesday, June 22nd	9 am – 10 am _____	10 am – 11 am _____	5 pm – 6 pm _____
Tuesday, June 29th	9 am – 10 am _____	10 am – 11 am _____	5 pm – 6 pm _____
Tuesday, July 13 <sup>th</sup>	9 am – 10 am _____	10 am – 11 am _____	5 pm – 6 pm _____
Tuesday, July 20th	9 am – 10 am _____	10 am – 11 am _____	5 pm – 6 pm _____
Tuesday, July 27 <sup>th</sup>	9 am – 10 am _____	10 am – 11 am _____	5 pm – 6 pm _____

\_\_\_\_\_ I HEREBY GIVE PERMISSION FOR MY CHILD, NAMED ABOVE, TO PARTICIPATE IN THE GOLF CLINIC. I GIVE MY PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY TREATMENT IN CASE I CANNOT BE LOCATED. AS CONSIDERATION FOR BEING PERMITTED TO PARTICIPATE IN ACTIVITIES SPONSORED BY BRISTOL OAKS GOLF CLUB AND/OR USING EQUIPMENT OF SAID CLUB, EACH PARTICIPANT AGREES TO ASSUME ALL LIABILITY FOR INJURY AND/OR DAMAGE RESULTING FROM SUCH PARTICIPATION AND FURTHER AGREES TO HOLD BRISTOL OAKS FREE AND HARMLESS ON ACCOUNT OF ANY ACT OF OMISSION OR COMMISSION OR NEGLIGENCE ON THE PART OF SAID CLUB, STAFF OR VOLUNTEERS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**NOTE: Bristol Oaks does not sell to, or share personal information with any person or organization.**