

Quad Parish Golf League GRADES 5th – 8th

LEAGUE INFORMATION

The mission of the Quad Parish Golf League is to promote golf with area students. Providing kids the tools they can use to learn core values such as honesty, integrity and perseverance. We will introduce golf in this format to give students an opportunity to be introduced to the game in a comfortable team format with friends and schoolmates with professional instruction and access to premium facilities. The long-range goal is to encourage life-long players by introducing them to golf as well as providing a feeder program to those who wish to compete at the High School Level.

Team Coaches:

Nate Gray and Eddie Terasa will be the team coaches for SJV and St. Joes. Both are PGA Class A professionals at North Hills Country Club. They have a combined total of 30 years of teaching experience, and have taught some of Wisconsin's finest junior golfers.

Ric Kunert has been the Head Golf Professional at Westmoor Country Club since 2004. Prior to coming to Westmoor, Ric was the Head Golf Professional at Westmoreland Country Club in Wilmette, Illinois for four seasons and Head Golf Professional at Janesville Country Club for three seasons. Ric earned his Class A PGA member status in 1993 and has over 20 years of teaching experience.

Team Captains

Please direct any questions you have to Paul Mindel (SJV/St. Joes) 262-662-1556 (paul@nationalgolfcenter.com) or Joe Pink (St. Doms/St. Mary) 262-373-0281, joepink@earthlink.net

SCHEDULE

Fall Session: All SJV practices will be held at North Hills Country Club (262-251-8190)
Grades 5-6: 4:00pm-5:00pm
Grades 7-8: 5:15pm-6:15pm
Practice Dates: Sept. 16th, Sept. 23rd, Sept. 30th, Oct. 7th
Tournament Date #1: Saturday October 17 at 2:00pm
Tournament Date #2: TBD
Tournament Date #3: TBD

COST- FALL SESSION

\$70 per child - Includes 4-5 Practices/Clinics with PGA Professional Instructions, Participation in 3 Tournaments.

Christmas Clinic We will be holding a clinic over the Christmas Break. Additional Details to Follow.

Quad Parish 2009 Fall Golf League

REGISTRATION FORM

(USE ONE FORM PER CHILD – PLEASE PRINT INFORMATION CLEARLY)

CHILD'S NAME _____ CHILD'S AGE _____ DATE OF BIRTH ___/___/___

GENDER _____ PARENT'S NAME _____

PHONE NUMBER (____) ____-____ ADDRESS _____ CITY _____

EMAIL ADDRESS _____ SCHOOL ATTENDING _____

INFORMATION ON PLAYER:

Does your child have Golf Clubs? Yes No If No- What is their Height?

Has your Child ever participated in Group or Individual Golf Lessons? Group Individual None

Has your Child played on a regulation 9 Hole Course? Yes No If Yes How Many Times?

Conflicts for Practices and Meets from Sept 14th Oct 17th (List Below)

VOLUNTEERING

HELP WITH TEAM PRACTICES: Yes No

HELP WITH MEETS: Yes No

NAME OF VOLUNTEER (PRINT) _____

CONSENT

I consent to the participation of my CHILD/WARD in the above named ACTIVITY. In consideration for my CHILD/WARD's participation, I agree to reimburse and indemnify the PARISH/SCHOOL (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by PARISH/SCHOOL in defending a lawsuit that I or my CHILD/WARD my bring against the PARISH/SCHOOL which related to the above named ACTIVITY if the PARISH/SCHOOL is found not legally liable by the courts and prevails in the lawsuit. If the PARISH/SCHOOL is found legally liable for injuries sustained by CHILD/WARD, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the ACTIVITY described above that my CHILD/WARD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH/SCHOOL to clarify any concerns or questions about the ACTIVITY or this agreement that I may have had.

Parent or Legal Guardian - Print Name

Parent or Legal Guardian Signature

Date

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers contact:

Print Name _____ Relationship to Child _____ Phone Number (____) ____-_____

Please furnish any medical information about your CHILD/WARD that may be pertinent to his or her participation in the above identified activity: _____

MAKE CHECK PAYABLE TO: St. John Vianney Parish

MAIL APPLICATION/CHECK to:

Paul Mindel
S74 W24255 National Avenue
Big Bend, WI 53103