

Kokopelli Golf Course and MHS Boys and Girls Golf Teams  
presents  
JUNIOR GOLF CAMP/PROGRAM

Instructed by PGA Professional Brandon Bierstedt,   
Marion Golf Coaches: Stan Stout and JoAnna Galloway

The Jr. Golf Camp/Program is a 4-day program for ALL AREA kids!! Starting   
Tuesday, June 6 through June 12th, participants will meet at Kokopelli Golf Course at the below designated times. This program is design to help the students learn golf etiquette, course management, rules of the game, and hopefully make a few new friends. Golf clubs are not required, but it you have any, please bring them with you.

On the last day of the program (Monday, June 12th) the participants will have a Golf Scramble with a party/meal to follow for everyone. Parents are encouraged to come help that Monday and watch their kids play.

To sign up your child, you must come by the Pro Shop and fill out a Jr. Clinic Sign-Up Sheet and pay the entry fee of $50.00 by Thursday, June 1, 2023. Sign up will be on a first come, first service basis. We have only 60 available spots. If you have any questions, please call (618) 997-5656.

Program Information  
  
4-Day Program – AGES 7-16  
Tuesday, 6th Wednesday, 7th Thursday 8th  
Monday, 12th Golf Scramble and Party  
Cost per kid-$50.00  
  
Tuesday, Wednesday, and Thursday Schedule

10 a.m. – Noon – Registration: 9:45 a.m.  
  
 Monday, Scramble and Party, Day Schedule   
   
 8:00 a.m. – 12:30 p.m.

Group is limited to first 60 paid students.

**MONDAY, JUNE 12TH**

**Jr. Golf Scramble and Party**

8:00-8:30 Check In, make teams  
 Assign Volunteers to each team  
 (20 volunteers needed)  
 8:30-11:30 PLAY GOLF  
11:30-12:30 PARTY   
 (2 volunteers needed)  
 **PARENT pick up @ 12:30**

**Parents, please have your child here on time   
&**

**picked up on time  
THANK YOU!  
  
\*\*PLEASE let me know if you can VOLUNTEER on Monday, June 12th\*\***

**JUNIOR CLINIC SIGN-UP SHEET**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_ Gender: M /F  
 Youth Participant  
  
Guardians Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Emergency Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Each day we will teach different aspects of the game of golf. Some examples would include: woods, irons, putting, chipping, rules of the game, and course etiquette, etc. On the last day of the clinic, it will be a golf scramble followed by a farewell party.

**Emergency Medical Release and Waiver of Liability-General Indemnification**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(hereafter “Parent/Guardian”), on behalf of the above listed minor (hereafter “Youth Participant”), and in consideration of the above stated services being provided, hereby release, discharge, covenants to indemnify and not to sue Kokopelli Golf Course, Marion High School, its Golf Professional or assistants (“volunteers”), their heirs, successors and assigns forever, and any and all other persons, owners, lessors of premises, associations and corporations (collectively the Releasees”), who individually, or together may or could be jointly or severally liable to Parent/Guardian, of and from any and all liability and as to any and all actions and causes of actions, rights, suits involving personal injury of any kind, all of which may arise during the course of the above named Youth Participant taking part in or completing the Junior Golf Program (hereafter “Program”). I affirm the Youth Participant is physically capable of participating in the Program. I hereby give my consent to have emergency personnel, a doctor of medicine or dentistry or associated personnel to provide the Youth Participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save and hold harmless and indemnify Releasees from all liability, loss, cost, claim, or damage whatsoever, including but not limited to reasonable attorney fees and including death or damage to property, which may be imposed upon Releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or part by the negligence of Releasees. I have read the above waiver/release and understand that I (and Youth Participant) have waived and given up substantial rights by signing this release and sign below voluntarily.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Parent/Guardian Date