



221 Pearse Rd  
Swansea, MA 02777  
Pro Shop: (508) 679-9577  
Clubhouse: (508) 678-7991

# REGISTRATION PACKET

*Youth Golf Clinic - Ages 8-17*

Dear Parents/Guardians:

Thank you for choosing Touisset Country Club to help your child learn more about the game of golf! Summer clinics will be taught by Mr. Kevin Ballato, a USGTF certified instructor. Kevin has been teaching golf since 2008 and has been a part of Touisset Country Club since 2015. He also offers private individual lessons, group lessons, on-course instruction, as well as club fitting services.

These clinics are appropriate for golfers of all skill levels, and will cover all aspects of the game including:

Grip	Take-away	Pitching
Posture	Downswing	Putting
Stance	Follow-through	Sand Trap
Alignment	Chipping	Etiquette
Ball Position		Rules

To secure your enrollment in our clinics, we require a minimum \$25 non-refundable deposit per student per session. You can easily reserve your spot and pay online at [touissetcc.com](http://touissetcc.com) under the Clinics tab. However, we ask that after making the deposit you please complete this registration packet and bring it with you to register in person and pay your balance due in the Pro Shop. Changes, cancellations, or modifications to your enrollment must be made in writing at least 7 days prior to the start of your scheduled clinic. Final payments are also due 7 days prior to the start of your scheduled clinic, otherwise your space will be automatically offered to those on our wait list and you will forfeit your \$25 deposit.

**Drop Off and Pickup:** Please fully complete the Emergency Contact/Student Pick-up Authorization section of this document. We will only release your child to the individuals listed on this authorization form and will require valid photo identification in order to do so. Also note that for additional safety, there is a section for you to enter names of individuals who are explicitly **NOT** allowed to pick up your child.

**Medication:** We do not administer medication. If your child will require medication during clinic hours, you will need to be present to ensure safe administration of required medication.

**Food and Beverages:** Sunryz Cafe is offering kid's lunches priced as low as \$5. A limited menu will be presented at drop off, a lunch can be chosen, and parents can make payment at that time. We will provide water to students throughout the day and the clubhouse will be open if any of the students would like to purchase additional snacks or beverages.

Touisset Country Club has been a family-owned and operated local small business since 1961, and we couldn't be here without you, our loyal customers. We sincerely thank you for choosing us. If you have any questions or comments, please feel free to stop by, call, or e-mail us at any time. As a Thank You for attending our clinics, each student will receive one free round of golf at the conclusion of the session, a free annual membership in the Massachusetts Golf Association, as well as **10% off all Pro Shop merchandise** purchases, including special orders, for the entire season. We look forward to seeing you this summer!

Sincerely,

Diana Nolan  
Vice President, Touisset Country Club  
[ProShop@TouissetCC.com](mailto:ProShop@TouissetCC.com)  
Cell: (508) 642-2003



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## Youth Golf Clinic Registration Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Parent/ Guardian's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Clinic Registration Details

Please make your selections below:

<b>Session A:</b> Boy Scouts - July 11, 12, 13, 14 9:00am-2:00pm	\$99-
Yes, I would like to reserve rental clubs for this session(*tax incl)	\$15-
Right-Handed                      Left-Handed	
Total Due, Session A	
<b>Session B:</b> July 25, 26, 27 9:00am-2:00pm	\$99-
Yes, I would like to reserve rental clubs for this session(*tax incl)	\$15-
Right-Handed                      Left-Handed	
Total Due, Session B	
<b>Session C:</b> August 8, 9, 10 9:00am-2:00pm	\$99-
Yes, I would like to reserve rental clubs for this session(*tax incl)	\$15-
Right-Handed                      Left-Handed	
Total Due, Session C	
<b>Session D:</b> August 22, 23, 24 9:00am-2:00pm	\$99-
Yes, I would like to reserve rental clubs for this session(*tax incl)	\$15-
Right-Handed                      Left-Handed	
Total Due, Session D	

### Session Payments

Amt Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Trans #: \_\_\_\_\_ Payment Method:(circle) PayPal CC Cash Ck # \_\_\_\_\_  
 Amt Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Trans #: \_\_\_\_\_ Payment Method:(circle) PayPal CC Cash Ck # \_\_\_\_\_  
 Amt Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Trans #: \_\_\_\_\_ Payment Method:(circle) PayPal CC Cash Ck # \_\_\_\_\_  
 Amt Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Trans #: \_\_\_\_\_ Payment Method:(circle) PayPal CC Cash Ck # \_\_\_\_\_

### Rental Clubs

Set # Assigned: \_\_\_\_\_

Amt Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Trans #: \_\_\_\_\_ Payment Method:(circle) PayPal CC Cash Ck # \_\_\_\_\_



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## Youth Golf Clinic Waiver Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/ Guardian's Name: \_\_\_\_\_

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

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

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

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

### RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT

#### DISCLAIMER CLAUSE:

For and in consideration of Touisset Country Club, Inc. allowing my child, (first name) \_\_\_\_\_ (last name) \_\_\_\_\_ to participate in the Youth Golf Clinic hereinafter referred to as ("the Clinic"), I hereby agree that Touisset Country Club, Inc., its agents, officers, directors, employees, volunteers or representatives, (hereinafter collectively referred to as "TCC") is not responsible for any death, injury, loss, illness, destruction or damage of any kind sustained by any person while participating in the Clinic and all related activities which occur during the Clinic held on the premises of Touisset Country Club, 221 Pearse Road, Swansea, Massachusetts.

#### DESCRIPTION OF RISKS:

Golf carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid such risks.

**PHYSICAL:** including (but not limited to) any physical injuries such as muscular injuries, bruises, scrapes, cuts, sprains, dislocations, broken bones, injuries to the head, facial or dental injuries, any accidental injury, illness resulting from food poisoning or parasites, the possibility of injury resulting from a physical confrontation or altercation of any kind, any injury resulting from an accident sustained in relation to a golf cart, any injury resulting from being hit by a golf ball or any injury sustained as a result of the potential hazards of playing golf at night.

**WEATHER:** any injury, illness, death, loss or damage resulting from exposure to weather elements including lightening , sun, or any act of nature or God.

### AGREEMENT AND RELEASE

I hereby acknowledge that I have been advised of and understand and appreciate potential risks associated with my child's participation in the Clinic.

I hereby acknowledge that my child is an at-will participant in this Clinic and understand that the game of golf is potentially dangerous.

I agree to be familiar with and abide by the Rules of Golf, TCC Course Policies (attached) and additional Rules as directed prior to the start of the Clinic. I accept sole responsibility for my own conduct and actions while on the premises, as well as sole responsibility for my child's conduct and actions while participating in the Clinic, as well as the condition and adequacy of all equipment.

I certify that I am an adult over the age of 18 of sound mental capacity and acknowledge that I am solely responsible for my own safety and the ultimate safety of my child.

I understand my child may potentially sustain an injury while participating in the Clinic and that TCC will not be held liable for any such injury or harm. I accept and assume all risks of danger and hazard for myself and my child, including but not limited to the possibility of personal injury, death, permanent disability, property damage or loss resulting thereof.

I hereby release, waive, and covenant not to sue and further agree to hold harmless TCC with respect to any liability, claims(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs or attorneys' fees of any kind or nature which may arise from my participation.

I further release TCC from any liability from any loss, damage, injury, or expense, whether foreseen or unforeseen, that I or my kin may suffer as a result of my participation in the Clinic and all related activities due to any cause whatsoever.

I agree to indemnify and hold harmless TCC from any and all liability for any damage whether foreseen or unforeseen, including property damage, personal injury or injury to any third party resulting from my child's participation in the Clinic.

I agree to let my child ride as a passenger in a golf cart, and understand they will be supervised during this activity by a certified professional instructor; and

I understand that Touisset Country Club, Inc. regularly takes pictures during programs and special events. I have been notified that these pictures are used solely for promotional materials and give permission to Touisset Country Club, Inc. to use these pictures without compensation.

**ACKNOWLEDGEMENT:** By signing this document, I acknowledge that I have read this agreement and understand it. I execute this agreement voluntarily, and understand it to be binding upon my heirs, executors, administrators, representatives and myself. I further acknowledge that this agreement represents a complete and unconditional acceptance of the terms and conditions stated above. No inducements, assurances or oral statements have been made apart from this agreement.

Parent/ Guardian Signature

Print Name

Date Signed



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## Youth Golf Clinic Student Fact Sheet

### **CHILD INFORMATION**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Email: \_\_\_\_\_ School Grade Entering: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Home Telephone Number: \_\_\_\_\_

### **CHILD'S IDENTIFICATION INFORMATION**

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Height: \_\_\_\_\_  Right-Handed  Left-Handed

### **PARENT/ GUARDIAN INFORMATION**

PRIMARY CONTACT *(Authorized to sign-out student)*

Parent/ Guardian Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_  
 \*Home Telephone #: \_\_\_\_\_  
 \*Home Address: \_\_\_\_\_  
 Bus. Name: \_\_\_\_\_  
 Bus. Address: \_\_\_\_\_  
 Bus. Telephone #: \_\_\_\_\_  
 Work Hours: \_\_\_\_\_

*\*If different then child's home phone number or address*

SECONDARY CONTACT *(Authorized to sign-out student)*

Parent/Guardian Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_  
 \*Home Telephone #: \_\_\_\_\_  
 \*Home Address: \_\_\_\_\_  
 Bus. Name: \_\_\_\_\_  
 Bus. Address: \_\_\_\_\_  
 Bus. Telephone #: \_\_\_\_\_  
 Work Hours: \_\_\_\_\_

*\*If different then child's home phone number or address*

### **MEDICAL INFORMATION**

Child's Physician: \_\_\_\_\_  
 Clinic: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Please list all allergies: \_\_\_\_\_

For each allergy, please give a detailed explanation about the causes, symptoms, reactions, and treatments? \_\_\_\_\_

\_\_\_\_\_

Please list any other medical or behavioral conditions that we should know about (all such information will remain confidential and is requested solely for the purpose of providing the best services for your child):

\_\_\_\_\_



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**Youth Golf Clinic**

**Emergency Contact/Student Pick-up Authorization**

**AUTHORIZATION AND CONSENT FORM**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached I hereby authorize Touisset Country Club, Inc. to arrange emergency transportation for my child to a hospital, and to secure for my child the necessary medical treatment.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY CONTACT AND RELEASE FORM**

In case of an emergency, please give names of persons who can be called and are authorized to pick-up your child if we cannot reach a parent (please attach another sheet if more room is needed).

**PICK-UP AUTHORIZATION:** (At student sign-out, I authorize the following people to pick up my child from Touisset Country Club: For your child's safety, A PICTURE ID IS REQUIRED each and every time your child is picked-up)

**PICK-UP AUTHORIZATION**

**EMERGENCY CONTACT?**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Y N  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Y N  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Y N  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Y N  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**NOT AUTHORIZED TO PICK-UP:**

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**HEALTH POLICIES AND GUIDELINES**

As part of our health care policy, Touisset Country Club cannot accept any child with a diagnosed communicable disease (measles, mumps, chicken pox, etc). Please do not send your child to any Touisset Country Club clinics or programs if he/she shows signs of possible contagious diseases (new cold, sore throat, fever, rashes, diarrhea, vomiting, etc) Touisset Country Club does not have sufficient staff or facilities to care for sick children. A parent should not bring their child to our facility if he/she is too ill to participate in activities, if the child requires special attention due to their illness, or if any signs of poor health are evident. The health of all children and staff is in jeopardy if an ill child is allowed to attend. Parents must notify the staff if their child has been exposed to an infectious disease so we can alert the families of the children attending the program. If during the day the Touisset Country Club/clinic staff notices a child is unable to participate in activities due to poor health, the parent will be called to come and pick up the child. If a parent cannot be reached, an emergency contact will be called. It is the responsibility of the parent to notify Touisset Country Club if there should be any changes regarding emergency numbers or contacts. If you decide that your child should remain at home, please call (508) 679-9577 and inform Touisset Country Club of the absence.