

BARRINGTON 2014 GOLF PROGRAM

Instructor: Eric Dantas

Ages 7 – 15 ~ ratio 1 to 4



Seekonk Driving Range – 4:30 to 6 PM
2 – One Week Sessions
\$120. per session

Wampanoag Golf Course – 9 AM to Noon
2 – One Week Sessions
\$175. per session

Sponsored by Barrington Recreation Department
Director: Michele Geremia
401.247.1925
Email: recreation@barrington.ri.gov

GOLF REGISTRATION FORM 2014

AGE GROUP – 7 TO 15

4 ~ ONE WEEK SESSIONS

RATIO 1 TO 4

Child's Name: _____ Boy _____ Girl _____

Address: _____

Birth Date: ____/____/____ Age: _____ Grade (as of fall 2014): _____

Allergies / Medical Conditions / Medications: _____

Cell: _____ Home: _____ Work: _____

Email (Required): _____

Parent / Guardian: _____

Print

Parent / Guardian: _____ Date _____

Signature

Seekonk Driving Range – 4:30 to 6 PM
1977 Fall River Avenue (Route 6), Seekonk

_____: **Session I: June 30 to July 3 (7/4 make up day to be determined)**

_____: **Session III: July 14 to July 18**

\$120. per session

Wampanoag Golf Course – 9 AM to Noon
168 Old Providence Road, Swansea
Off route 6 / next to Seekonk Driving Range

_____: **Session II: July 7 to July 11**

_____: **Session IV: July 21 to July 25**

\$175. per session

AMOUNT PAID _____ CHECK # _____ CASH _____ Receipt # _____

❖ Attach registration form and waiver form to be completed and payment made 2 weeks before start of program.

For more information please call (401) 247-1925 or email recreation@barrington.ri.gov.

Please return this form with your payment (**check payable to Town of Barrington**) to
Town of Barrington, Attention: Recreation Department, 281 County Rd, Barrington.
2 weeks before the start of the session

WAIVER FORM

1. I, the parents/guardian of the name child(ren), hereby give my approval for his/her participation in any/all activities during the Barrington Recreation Department's 2014 programs. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and hereby waive, release, absolve, indemnify, and agree to hold harmless all individuals responsible for the conduct or activity involving my child(ren).

2. **MEDICAL CONDITIONS:** Also, I understand that registrations for children requiring special attention are reviewed on a case-by-case basis with the Recreation and program director(s). I understand that the Recreation Department does not receive specialized training for various special needs, but will work with individuals as appropriate. I will provide as much detail as possible, including any physical/emotional needs or medications involved so that the staff will be able to provide a positive experience for each child.

Medical Conditions and/or Food Allergies: _____

3. **RISK FACTORS:** The undersigned understands and acknowledges that the use of equipment, facilities and services provided by the Town of Barrington Recreation Department involves risks such as, but not limited to, the following which might result from the use of equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care - RISK OF PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLE DEATH, and that he assumes all risks that arise from, but not limited to, those risk factors described above.

4. **RELEASE:** The undersigned releases the Barrington Recreation Department and the Town of Barrington, its employees and agents, and agrees not to sue them on account of or in conjunction with any claims, causes of action, injuries, damage, cost of expenses arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the acts, omissions or other fault of the parties being released.

5. **EMERGENCY TREATMENT CONSENT:** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.

6. **ACKNOWLEDGMENT:** The undersigned has read and understands this agreement.

7. **WITHDRAWAL & REFUND POLICY:** An email or mailed written withdrawal request before the program begins will receive the full program fee, minus a \$30 processing fee. An email or mailed written withdrawal request between the first (1st) and fifth (5th) day of the program will receive half the program fee, minus a \$30 processing fee. An email or mailed written withdrawal after five (5) days of the program will receive no refund.

Parent / Guardian _____
Signature

Parent / Guardian: _____ Date: _____
Please print

Child/ren Name(s) _____

EMERGENCY CONTACT INFORMATION:

Name of Contact: _____

Telephone: _____