



Stone Meadow Junior Golf School

2025 Sessions

This is a Golf School for kids of all skill levels to learn the fundamentals of the golf swing. The clinics are 3 hour sessions over four days. There will be 3 stations each day and after 45 minutes students move on to different areas of our practice facility. Station #1 will be full swing of Irons and woods on the Driving Range. Station #2 will be on our putting green learning how to chip and putt. Station #3 will be on our Par 3 golf course learning golf course etiquette, rules and how to play on a golf course. Students will be grouped by age 8-10, 11-13, 14-16 year olds. The schools teaching ratio will be one instructor per seven students. The final day features playing a team scramble on the par three golf course. We ask that you pack a snack for your kids for break time. We do have a vending and drink machine on site. We do have hand sanitizer on site as well as restrooms for handwashing.

Students Name _____ age _____
Need golf clubs Y/N _____ Left-hand/right-hand _____

Select the session to attend:

Session 1: June 23-26th (June 27th rain date)
_____ 9am-12pm ages 8-16

Session 3: July 14-17 (July 18th rain date)
_____ 9am-12pm ages 8-16

Session 2: July 7th-10 (11th rain date)
_____ 9am-12pm ages 8-16

Session #4 August 4-7th (August 8th rain date)
_____ 9am-12pm ages 8-16

Session #5 August 11-14(August 15th rain date)
_____ 9am-12pm ages 8-16

21 student's maximum per session. If less than 14 register, the class may be cancelled. Classes are held rain or shine under our teaching tent. Severe weather may create make-up day on Friday. Check with the clubhouse by telephone (781-863-0445) one hour before a class if weather is questionable. Payment is expected at time of registration. Checks made out to "Stone Meadow Golf" for \$475.00 per student. Please fill out the reverse side of this form.

www.StoneMeadowGolf.com

675 Waltham Street, Lexington, MA 02421 781-863-0445

Junior Golf School Registration Form

Name: _____ Age _____

Address: _____

Permission for a group photograph: Yes No Ok to post to our website: Yes No

Emergency contact name: _____ Contact Phone # _____

2nd Contact Phone # _____ E-mail _____

Special instructions/info that we should know about medical concerns, allergies (food allergies), special needs:

I/We, the parent(s)/guardian(s) of the above named minor, hereby consent to his/her participation in the Stone Meadow Golf Clinic. I/We further agree to release and save harmless Stone Meadow Golf, it's employees, agents, and attorneys from all liability or expenses out of any incident involving, or on account of any injury to the above named minor in connection with such program, hereby give permission to the Stone Meadow Staff to provide and administer immediate first aid and to secure medical treatment through a responding ambulance staff as the need arises.

Parent/Guardian printed name _____ Signature _____

Date _____

This section to be completed by Stone Meadow Staff:

Paid by check# _____ cash _____ CC _____

Session# _____ Employee name _____

Once your application has been sent in and your check has been deposited, Your student will be enrolled. We will only follow up if there are any issues. We do not send out confirmation emails unless requested by the applicant.