



## April Vacation Junior Golf School

April 20-23rd, 2026 (Friday April 24th rain date if needed)

Students' name \_\_\_\_\_ age \_\_\_\_\_  
(see reverse side for important registration information)

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. 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.

Session:1 April 20<sup>th</sup>-23<sup>rd</sup>(April 24th raindate) 9am-12pm ages 8-16

Need golf clubs: Yes No Right hand left hand (circle as needed)

14 students maximum per class. If less than 7 register, the class may be cancelled. Classes are held rain or shine under our teaching tent. Severe weather may create a rain-date. If weather is questionable, call the clubhouse (781-863-0445) one hour before the class begins for a status update.

Payment is expected at time of registration. Make checks out to "Stone Meadow Golf" for \$475.00 per student. Please complete reverse side of this form.

[www.StoneMeadowGolf.com](http://www.StoneMeadowGolf.com)

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

## Junior Golf School Registration Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Emergency contact name: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

2<sup>nd</sup> 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, its 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.