

# GREENVILLE COUNTRY CLUB YOUTH GOLF CAMP



**FOR BOYS AND GIRLS AGES 7 & UP**

**OPEN TO THE PUBLIC**

Tuesday, June 11 and Wednesday, June 12, 2024

8:00 AM – 12:00 PM



\$100.00 Golf instructions (price includes a shirt, snacks, and afterparty)

Learn rules, etiquette, chipping, putting and instructions. Bring your own golf clubs if you have them. (Parents are welcome to stay).

There will be a pizza and swim party when camp is over on Wednesday. Adult supervision is required if child doesn't know how to swim.

For more information contact Connie Hamel (618)304-4333

Or Clint Hamel (618)704-8313

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

Address \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact Name & Phone \_\_\_\_\_

Shirt Size \_\_\_\_\_ (indicate youth or adult)

Please fill out and return with payment to:

Connie Hamel

918 Shady Grove Ave.

Greenville, IL 62246

Or pay by Venmo to Connie-Hamel-5

Payment must be received by May 25 to receive a shirt.

# Swimming Pool Waiver

By my signature below, I acknowledge that I am aware of, appreciate the character of, and voluntarily assume the risks involved in participating in all activities associated with swimming in our pool. By my signature below, on behalf of myself, my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I hereby: 1. Waive any claim or cause of action against and release from liability The Greenville Country Club, its officers, employees, and agents for any liability for injuries to my person or property resulting from my use of the facility or participation in the activity listed above; 2. Agree to indemnify and hold harmless The Greenville Country Club, its officers, employees, and agents for any claims, causes of action, or liability to any other person arising from my use of the facility or participation in the activity listed above; 3. Consent to receive any medical treatment deemed advisable in the event of injury, accident or illness during these activities; and 4. Acknowledge that a participant under 18 years of age signing below as a minor child, a signature is required by the parent or legal guardian of the minor child to participate. I HAVE READ THIS ASSUMPTION OF RISK, WAIVER OF LIABILITY AND RELEASE AGREEMENT. I CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

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Childs Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_