

# GOLF AT INDIAN SPRINGS –FALL 2011

## JOHN LYMAN SCHOOL

After-school golf will be offered to students of John Lyman School (grades 1-4) on Fridays, beginning September 16th, (THIS FRIDAY) and concluding October 28th. Times will be from 3:30- 4:45. (There will not be golf on September 23<sup>rd</sup>, as there is no school due to the Durham Fair.)

Instruction will be provided by staff members of Indian Springs. Topics covered include short and long game skill building: putting, chipping, sand shots, and driving, as well as etiquette and rules.

A \$75.00 non-refundable fee is required for participation in the golf program. Please indicate below if siblings will be participating together. Make checks payable to Indian Springs Golf Club.

Transportation to and from the golf course must be provided by parents. Parents are welcome to arrange carpools for more convenience. At the conclusion of each session, it is the parents' responsibility to pick up students promptly at 4:45. Please be on time. Students must be signed out.

Golf clubs are available free of charge for those needing them. Indian Springs offers 20% discounts on the purchase of youth golf sets, shoes, or gloves for students in the program. Students are asked to place name tags on their golf clubs. Address labels work well. Clubs may be dropped off at the youth golf club rack, located in the basement at Indian Springs prior to 3:30. Clubs may be stored on this rack from session to session, at parents' discretion. Please do not bring clubs to school.

Remember that all of these dates are weather permitting. If golf is cancelled due to rain, the cancellation will be made by 1:00 p.m. Parents should call the golf course if weather is questionable, and notify the school if there is any change in pick up procedure. Make up sessions will be attempted, but not guaranteed.

Adults with golf experience who are willing to chaperone are welcome and appreciated. Please indicate below if you are available to help with the golf program.

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### PERMISSION SLIP

Student's name \_\_\_\_\_ Sibling who is participating also: \_\_\_\_\_

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

My child is allergic to the following: \_\_\_\_\_

My child is taking \_\_\_\_\_ medication.

Emergency phone # where I can be reached \_\_\_\_\_

Alternate contact person and phone \_\_\_\_\_

Name and phone number of person picking up student (if other than parent / guardian)

Name \_\_\_\_\_ Phone# \_\_\_\_\_

I give my son / daughter permission to participate in after-school golf. I also give permission for medical care to be administered in case of an emergency.

Parent / Guardian signature \_\_\_\_\_

My child, \_\_\_\_\_ has my permission to ride in a carpool with \_\_\_\_\_ from

John Lyman School to Indian Springs.

I am able to commit to helping every Friday with the golf program: \_\_\_\_\_ Yes \_\_\_\_\_ No