

Mount Pleasant Parks and Recreation  
307 East Monroe Street, Mount Pleasant, Iowa 52641

# Youth Golf Camp (Ages 8-14)

Join us at the East Lake Park's Driving Range. Participants will be introduced to the basic fundamentals such as the proper grip, swing, stance, and etiquette. This camp will be taught by the Mount Pleasant High School Girls Golf Coach, Jordie Dingman.

<b>Registration:</b>	April 1-June 5
<b>Camp Dates:</b>	July 8-11
<b>Camp Time:</b>	9:00-9:45 AM (ages 8-10) 10:00-10:45 AM (ages 11-14)
<b>Location:</b>	East Lake Park, Driving Range
<b>Fee:</b>	\$20 Residents \$25 Non-residents

***Program size limited to 10 participants***

Detach the bottom portion and return to the Parks & Recreation Department  
307 E Monroe, Mount Pleasant, IA 52641  
Phone: 319-385-1475 Email: mpparkandrec@gmail.com

Youth Golf Camp 2024

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

Phone: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Mt. Pleasant City Resident: Yes No

Has own Clubs (please circle): Yes No

**Hold Harmless Agreement**

Whereas the city of Mount Pleasant, Iowa, acting through the Mt. Pleasant Park & Recreation Department, is conducting recreational activities for the benefit of the Mount Pleasant, Iowa area on the above program dates for the activity.

We the undersigned, hereinafter referred to as the participants, and as said participant is under the age of 18, we the parents also do hereby covenant and agree to save the city of Mount Pleasant, Iowa and its employees free harmless from any and all claims, demands, damages, causes of action or suits at law or in equity and attorney's fees related thereto, at whatsoever kind or nature that may arise in the future, or at any time as a result of any damages done by said participants to any person, firm or corporation as a result of said participants activities sponsored by the city of Mount Pleasant, Iowa on the above program. Said claims, demands, damages, and causes of action include, but not limited to medical care, hospitalization, and personal liability claims brought by or against each individual participant.

Print your name of the Parent or Guardian of the Participant \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian's Email: \_\_\_\_\_