Pioneer Clinic Application

APPLICATION FORM - complete both sides

ONE FORM PER PARTICIPANT

Participant's Name:

Date of birth:___/__/

Age on August 1, 2025

ALL applicants must supply COPY OF BIRTH CERTIFICATE even if they participated last year.

Pioneer Clinic



Due to the popularity of this program it is sometimes necessary to choose participants by a lottery. In order to be eligible for the lottery applications must be received by May 31, 2025. Applications received after May 31, 2025 will be accepted on a first come first serve basis.

Participants are expected to attend all six sessions of the Pioneer Clinic. The program is designed to teach the basics of the game in a progressive method. Please do not sign up if you can not attend the entire program.

Tuesday, July 1	Darlington Driving Range, Mahwah
Tuesday, July 8	Darlington Driving Range, Mahwah
Tuesday, July 15	Darlington Driving Range, Mahwah
Tuesday, July 22	Darlington Driving Range, Mahwah
Tuesday, July 29	Darlington Driving Range, Mahwah
Tuesday, August 5	Darlington Driving Range, Mahwah

Fee		
Application Fee		\$ 20.00
Pioneer Clinic	+	\$ 80.00
Total Amount: MUST ENCLOSE PAYMENT WITH APPLICATION	=	\$ 100.00

Mail completed application **WITH** check made payable to Bergen County Department of Parks and copy of birth certificate to: Bergen County Golf Administration Office Soldier Hill olf Course

99 Palisade Avenue Emerson, NJ 07630 201-336-7259

SESSION:	
Tuesday 10:00 AM - 12:00 PM	
	0

MUST SEND PAYMENT WITH APPLICATION. Successful applicants will be notified via email by June 13, 2025. Wait listed applicants will have checks returned in the mail.

Application Form

COMPLETE BOTH SIDES

Complete only one form per child. Participants may apply for only one program. Photo copies of the application are acceptable. ALL applicants must supply COPY OF BIRTH CERTIFICATE even if they participated last year.

Participant's Last Name:			
Participant's First Name:			
Home Address:			
City/State/Zip:			
Home Phone: ()			
Birth date: / / Age on Augu Copy of birth certificate required. Parent's / Guardian's Name:	WE NEED VOLUNTEERS for The Pioneer Tour (Div. IV)		
E-mail	and Q Tour		
In the event of an emergency contact:	Volunteers are a critical part of the Pioneer Program. Some of the duties include walking with groups, helping		
Name:	Phone()	 with registration, overseeing activities. See reverse side of form for details.
Name:	Phone()	

I understand The Pioneer Tour regulations and agree that this entry is subject to the approval or rejection at any time by The Pioneer Tour Committee at their discretion. I understand that the use of alcohol, tobacco, drugs or misconduct may disqualify me.

Signature of Applicant:______Date:_____Date:______Date:______Date:______Date:______Date:______Date:______Date:______Date:______Date:______Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:___Date:___Date:____Date:___Date:___Date:___Date:___Date:___Date:___Date:___Date:___Date:___Date:___Date:___Date:___Date:___Date:___Date:___Date:___Date:___Date:___Date:__Date:___Date:___Date:___Date:___Date:___Date:___Date:___Date:___Date:___Date:__Date:___Date:___Date:___Date:__Date:__Date:__Date:__Date:__Date:__Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_Date:_D

APPROVAL AND CONSENT BY PARENT OR GUARDIAN: As a parent or guardian of the applicant, I hereby certify the facts as stated in this entry form and attest that I am familiar with his/her plans to participate and that he/she does so with my approval. I further certify in the event that emergency medical care needs to be administered to the above named applicant, and the below mentioned person cannot be contacted, the required parental consent may be given by an authorized member of the The Pioneer Tour Committee. INDEMNIFICATION AGREEMENT AND RELEASE: In consideration of the above named participant I hereby agree to indemnify, defend and hold harmless the Bergen County Department of Parks its employees and its individual golf facilities, The Pioneer Tour, and its committee members from any liability or claim or action for damages arising from my child's participation in this program regardless of the cause including the negligence of the above named entities. I understand the risks inherent in the game of golf and agree to assume the risk to my child or possible injury and to assume liability for my child's conduct.

Signature of Parent or Guardian:_____

Date: