

## TOWNSHIP OF OCEAN

### SPRING 2021

# GOLF LESSONS

**REGISTER IN PERSON OR BY MAIL**  
Township of Ocean Recreation Office  
601 Deal Road, Ocean, NJ 07712  
732-531-2600



**REGISTER ONLINE**  
[register.communitypass.net/oceantwp](http://register.communitypass.net/oceantwp)

Learn to play or improve your game with LPGA Pro Michelle Melia.

Students will receive a certificate to play a round of golf at William F. Larkin Golf Course upon completion of the program.



**LOCATION:**

William F. Larkin Golf Course at Colonial Terrace  
1003 Wickapecko Dr., Ocean.

**FEE PER SESSION:**

Meet at practice area behind gravel parking lot.

\$50 Ocean residents/\$60 non-residents

**EQUIPMENT:**

Clubs are available to borrow, or bring your own. Sneakers or soft-spiked golf shoes are permitted. Appropriate attire is required.



If possible, classes canceled due to inclement weather will be rescheduled, and they may not be held on the original class day. There are no make-ups or refunds due to student absence.

### BEGINNER GROUP LESSONS

*For the adult golfer who is just starting or who has had some exposure to the game. Learn chipping, pitching, putting, sand play and full swing fundamentals and principles.*

SESSION 1: Tuesdays, June 1-22 6:30-7:30 pm  
SESSION 2: Wednesdays, June 2-23 6:30--7:30 pm  
SESSION 3: Fridays, June 4-25 10:15-11:15 am

### INTERMEDIATE GROUP LESSONS

*For the player who has participated in prior golf lessons, has experience playing on different golf courses and displays good fundamental skills.*

SESSION 4: Thursdays, June 3-24 6:30-7:30 pm  
SESSION 5: Thursdays, June 3-24 10:15-11:15 am  
SESSION 6: Fridays, June 4-25 9:00-10:00 am

## ABOUT OUR INSTRUCTOR

LPGA Professional Michelle Melia brings more than 20 years of teaching and coaching experience and currently serves as head coach at Monmouth University. The LPGA named her National Golf Coach of the Year in 2008 for her efforts as head coach at Fairleigh Dickinson University, where the women's program won eight Division 1 tournaments and the Northeast Conference Championship, earning a berth to the NCAA.

She is the LPGA Teaching Professional for the First Tee of the Jersey Shore, LPGA Girls Golf Club site director and serves as committee member for numerous local golf organizations. She has been featured on Fox Sports as a leading instructor for stroke survivors and is the lead instructor for the ARC of Monmouth, providing instruction for athletes preparing for the Special Olympics.



## In-Person or Mail-in Registration Form

1. On Wednesday, August 12 registration will begin at 8:30 a.m. online or in person at the **DEPARTMENT of HUMAN SERVICES**. Registration for non-residents will be accepted beginning August 19 if space is available
2. Registration takes place during dates specified in brochure and are accepted on a first come basis until maximum enrollment is met. Forms received prior to registration opening will be returned unprocessed. **Once maximum enrollment for program is met, registration will close.** If a minimum is not met, program may be cancelled.
3. Registration will be accepted on-line, through the mail or in person at Recreation Office from 8:30 - 4:30, Mondays through Fridays. Registration **will not** be accepted on site at programs.
4. For walk-in or mail-in registrations, form must be completed and submitted with designated fee to be registered for a program. Incomplete forms will be returned unprocessed. Please use one form per person per program. Staff will register walk-ins in the order in which they are received, using the online program. Registrants are expected to remain onsite until the process is completed.
5. All checks payable to **Township of Ocean** (unless otherwise specified); Mastercard & Visa accepted. No cash payments over \$50.00.
6. Age requirements must be met by program starting date. Copy of participant's birth certificate may be requested.
7. Program refunds will be granted only if the program is cancelled by the Recreation Office (no service charge will apply) or if the vacated spot can be filled prior to the start of the program. Request for refund must be made in writing. Refunds will not be considered following start of a program. Granted refunds will be assessed a \$10.00 service charge. Requests for refunds received within the appropriate time frame may also be credited to the registrant's Family Account (with no processing charge held) and applied to future activity.
8. Programs may be canceled for unforeseen circumstances such as inclement weather or instructor absences. In the event of cancellations, up to two canceled classes per session will not be made up.
9. The Township of Ocean has established a Participation Code of Conduct (copy available upon request and posted on Township website). Compliance is required for participation in activities.
10. It is understood that images of participants may appear in footage on the Township cable station, the Township's website, Facebook, Instagram and Twitter pages, and in photographs promoting activities sponsored through the Department of Human Services.

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### Recreation Registration Form (Recreation Office, 601 Deal Rd., Ocean, NJ 07712)

#### I. HOUSEHOLD INFORMATION:

PRIMARY ADULT NAME (First/Last): \_\_\_\_\_ PRIMARY ADULT DOB (mm/dd/yr): \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_

II. PROGRAM NAME: \_\_\_\_\_ SESSION: \_\_\_\_\_

#### III. PARTICIPANT INFORMATION:

PARTICIPANT NAME (First/Last): \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: M F

GRADE: \_\_\_\_\_ (grade as of Sept. 2020)

EMERGENCY CONTACT (first/last): \_\_\_\_\_ PHONE: \_\_\_\_\_

PARTICIPANT'S WORK PHONE (adult programming only): \_\_\_\_\_

Youth Basketball: Child's height (ft. & inches) \_\_\_\_\_

Youth Basketball: Note the one night that child cannot practice due to an alternate obligation: \_\_\_\_\_

Youth Basketball: Individual requests (carpooling, specific team, etc.) will not be considered given the size of the programs.

**YES, I WOULD LIKE TO VOLUNTEER** (youth basketball/soccer) COACH ASSISTANT EITHER

VOLUNTEER NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**Note: All volunteers are required to participate in a fingerprinting program in order to be considered for involvement in this youth activity.**

1. Does this program registrant require special assistance or accommodations to enjoy this program? \_\_\_\_\_ If yes, please note the physical or developmental disability and limitations (or any other situation) and include with registration form. Requests for special assistance must be received at least three weeks prior to the start of the program.
2. Due to the strenuous nature of some activities, registrant should consult a physician prior to participation. It is the responsibility of the participant to inform the Recreation Office of any physical disabilities that may limit his/her participation in a program.
3. Please note that participant assumes the responsibility of all reasonable risks which may exist due to participation in Township-sponsored events.
4. I have reviewed and understand the Registration/Refund procedure as provided in the seasonal brochure.
5. The Township of Ocean has established a Participation Code of Conduct and it is understood that compliance is required for participation in Township activities. A copy is available upon request.
6. It is understood that images of the participant noted on this form may appear in footage on the Township television station, the Township website and Facebook, Instagram or Twitter pages, and in photographs promoting activities sponsored through the Department of Human Services.
7. As per NJ State Law (P.L. 2006, Chapter 306), school age youth who wear corrective eyeglasses are directed to wear protective eyewear that meets established safety standards during certain activities (including but not limited to basketball, soccer, tennis, lacrosse, baseball/softball). Please consult your child's eye doctor for specific information.

IV. Participant (if over 21)/Parent/Guardian Signature: \_\_\_\_\_

Office use: Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Check#/Cash: \_\_\_\_\_ FAM ID #: \_\_\_\_\_ Int. \_\_\_\_\_