



Junior Golf Camp Registration Form

Which week would you like to register your child for?

- | | |
|---|--|
| <input type="checkbox"/> July 3rd - 7th - 12 spaces available | <input type="checkbox"/> July 31st - Aug 4th - 12 spaces available |
| <input type="checkbox"/> July 10th - 14th - 12 spaces available | <input type="checkbox"/> Aug 7th - 11th - 12 spaces available |
| <input type="checkbox"/> July 17th - 21th - 12 spaces available | <input type="checkbox"/> Aug 14th - 18th - 12 spaces available |

Contact information

Name of Parent: _____
Name of Student: _____ Age: _____
Phone Number: (home) _____ Emergency: _____
Address _____ City/Province _____
Postal Code _____ Email _____

Payment information

Credit Card (fill in information below)

VISA MasterCard Debit _____
Name on Card _____ Credit Card # _____
Expiry Date _____ Signature _____

Allergies or other important information

Please use the lines below to let us know about any allergies your child may have or anything else we might need to know:



JUNIOR GOLFER WAIVER AND RELEASE OF LIABILITY

I. CONSENT, ASSUMPTION OF RISK, RELEASE OF CLAIMS AND COVENANT NOT TO SUE

We, the undersigned Parents/Legal Guardians of _____ hereby request that the participant named above be accepted for participation in The Golfer’s Academy junior lesson Program and or summer golf camps. I agree to assume the responsibility for any accident or injury while the participant is engaged in any golf programs and do hereby release and absolve The Golfer’s Academy, Petersen's Golf., their staff, instructors, teaching professionals and supervisors from any and all claims, demands, injuries, damages, actions or causes of action. I hold harmless of any responsibility, the instructors, facility or any persons involved with this program or testing procedures. I also agree to abide by all rules and regulations established by The Golfer’s Academy.

WE ARE FULLY AWARE OF THE RISKS ASSOCIATED WITH INDOOR GOLF, INCLUDING THE POSSIBLE RECKLESS CONDUCT OF OTHER PARTICIPANTS. WE HAVE CAREFULLY READ THIS AGREEMENT, AGREE TO ACCEPT ANY AND ALL INHERENT RISKS OF PROPERTY DAMAGE, PERSONAL INJURY OR DEATH AND SIGN IT VOLUNTARILY.

II. MEDICAL AUTHORIZATION

The undersigned, being the parent(s) or legal guardian(s) of _____, a minor, do hereby authorize any hospital, medical clinic, licensed physician or dentist to diagnose and treat said minor for any illness, injury or condition that said minor shall incur or suffer during the absence of the undersigned.

Subject to any restrictions set forth below, this authorization shall extend to, and include without limitation, the administration of all drugs and of any and all tests, x-rays, procedures and surgery that the treating physician or dentist may deem to be reasonable necessary for the minor’s life and/or for the improvements of said minor’s health.

This authorization shall be restricted to exclude the following services, treatments, procedures or; (i.e. food, drugs, x-rays, etc.)

To assist the attending physician or dentist treating the minor, please provide any of the following information about the minor:

1. The name and phone number of physician: _____
2. Health Card details including Number, Version Code and expiry _____
3. My child is allergic to the following drugs, foods, or other substances: _____
4. My child takes the following medication(s) regularly: _____
5. Special health conditions that should be considered: _____

6. Other pertinent information that would assist in the evaluation of the minor’s condition or in the determination of the proper treatment to be administered to the minor _____

7. In case of an emergency, please contact the following person(s):

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

We hereby apply to participate in THE GOLFER’S ACADEMY Junior Golf lesson program and or any summer golf camps. We acknowledge and agree to the prerequisites for membership, rules, regulations and code of conduct of the program, and attached Waiver and Release Liability form. We agree to notify you immediately of any changes to the information provided herein and on the Medical Authorization form.

Junior’s Name

Date: _____

Parent/Legal Guardian’s Signature

The Golfers Academy Authorized signature



**READ AND SIGN THE FOLLOWING WAIVER AND RELEASE OF LIABILITY INDEMNIFICATION
WARNING: By signing this document you waive certain legal rights, including the right to sue. Please read Carefully.**

Before any golfer may use the system within The Golfers Academy at 2392 Industrial Street Burlington ON, the following agreements must be endorsed:

I agree on behalf of myself and on behalf of my minor children I hereby release and Discharge *The Golfer's Academy, Petersen's Golf Shop*, its officers, representatives and employees from any and all liability and claims arising out of or in any way connected with any program being operated by *the Golfer's Academy* and *Petersen's Golf*. The applicant hereby assumes all risks of injuries or damages to the person on behalf of myself and any minors to which I am a parent or guardian, which might occur as a result of participation in the programs or services offered at *The Golfer's Academy*.

I agree to abide by the regulations for operation of the facility used for the program and or services, and regulations for the registered individual activity. I expressly acknowledge that the use of drugs or alcohol, or being under the influence of drugs or alcohol, during my participation in any activities, games, programs, and related events at *The Golfer's Academy* is strictly forbidden. ***Drug and alcohol use on The Golfer's Academy's premises is absolutely prohibited. I further acknowledge that I am ultimately responsible for my own safety during my participation in activities, games, programs, and related events provided by The Golfer's Academy, including but not limited to the use of their equipment or facilities.***

I further hereby agree to indemnify and save harmless *The Golfer's Academy, Petersen's Golf Shop*, its officers, representatives and employees, from any and all liability that may occur to myself or members of my immediate family in any program or service. This indemnification is to include and is not necessarily limited to any and all cost of litigation, medical expenses, judgment or subrogation interests.

I acknowledge that passes and registrations may not be loaned or transferred: the permit and privileges associated with it are not transferable as acceptance of the above items. **THE SIGNATURE OF PARENT, GUARDIAN OR ADULT PARTICIPANT INDICATES ACCEPTANCE OF THIS WAIVER AND RELEASE OF LIABILITY AND INDEMNIFICATION.**

The **WAIVER AND RELEASE OF LIABILITY** must be signed before any participation by adult participants or by a parent or guardian on behalf of minors. *The Golfer's Academy and Petersen's Golf Shop*, its officers, representatives and employees assume no liability for injuries that may be suffered as a result of participation in the programs or services offered or use of equipment and facilities as well as and including transportation to and from any class, program, and golf service.

I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THIS WAIVER

NAME: _____

ADDRESS: _____

City _____ **Postal Code** _____ **Phone:** _____

EMAIL ADDRESS: _____

PARTICIPANT / GOLFER

EMPLOYEE / WITNESS

SIGNATURE _____

SIGNATURE _____

DATE _____

DATE _____

IF SIGNING ON BEHALF OF A MINOR PLEASE FILL OUT THE FOLLOWING:

MINORS NAME (Print Name) _____

MINORS AGE _____