



2024 Junior Golf Registration Form

Select class:

Select time:

Spring Junior Classes	_____	_____
Learn to Play Spring	_____	_____
Learn to Play Summer	_____	_____
Junior - Junior July	_____	_____
Junior - Junior August	_____	_____

Child's Name _____ Age _____

Parent/Guardian Name _____ Cell Phone: (____) ____ - _____

Parent/Guardian Email Address: _____

Applicants Medical Considerations. (Allergies, existing medical conditions, medications, etc.)

In consideration of the applicant's participation in the Stony Plain Junior-Junior clinics. 1.) The applicant and the parent / guardian hereby release Stony Plain Golf Course and all the respective officers, directors, employees, agents, subsidiaries, and affiliates from all liability, damages, accidents, claims, or injuries sustained by the applicant or parent/ guardian in connection with these programs; 2.) The applicant grants and assigns his/her individual media rights respecting participation in this program, without exception to the Stony Plain Golf Course.

Parent/Guardian Signature _____ Date _____

Completed forms and payment by E-transfer can be emailed to: gnelson@stonyplain.com.