



2018 Junior Junior Golf Clinics Registration Form

Sunday's - May 20th, May 27th, June 3rd
and June 10th

\$95 including GST

Child's Name _____
Age _____ Boy _____ Girl _____
Home Phone Number (____)____-_____
Parent/ Guardian Name _____
Parents Work Phone Number (____)____-_____
Parents Cell Phone Number (____)____-_____
Parents Email Address: _____

Child's Alberta Health Care # _____

Years in Program/ Skill Level: _____ (Beginner, Intermediate)

Class Times:

Ages 4-5	12:15 – 1:15
Ages 5-6	1:30 – 2:30
Ages 7-8	2:45 – 3:45
Ages 9-10	4:00 – 5:00

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

In consideration of the applicants participation in the Stony Plain Junior Junior clinics. 1.) The applicant and the parent/ guardian hereby release Stony Plain Golf Course and all of the respective officers, directors, employees, agents, subsidiaries, and affiliates from any and 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 sponsors, Stony Plain Golf Course Junior Junior Golf Inc. and the Stony Plain Golf Course.

Payment Details:

Method of Payment: Visa MC Name on Card: _____
Card Number _____ Expires ____/____ Postal Code _____
3-Digit PIN on Back _____

Completed forms can be emailed to j.murphy17@live.com . For any additional questions call Jordan Murphy at the Stony Plain Golf Course – (780) 963-2133

Office use only:

Payment Processed Date: _____