



## 2019 Junior Junior Golf Clinics Registration Form

**Saturday's** – June 15, 22, & 29

**Rainout day** – July 6 (If required)

\$100 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 7-8            10:00 - 11:30

Ages 8-9            11:45 - 1:15

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

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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: [golfstonyplain@gmail.com](mailto:golfstonyplain@gmail.com) Please include the name of your child in the notes. For any additional questions call the Stony Plain Golf Course – (780) 963-2133

Office use only:

Payment Processed Date: \_\_\_\_\_