



2019 Junior Junior Golf Clinics Registration Form

Sunday's – May 19th, 26th, & June 2nd

Rainout day – June 9th (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 4-5 10:00 - 11:30

Ages 5-6 11:45 - 1:15

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: 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: _____