



2020 Junior-Junior Golf Clinic Registration Form (May)

Saturday's – May 16th, 23rd, & May 30th

Rainout day – June 6th (If required)

\$100 including GST

Child's Name _____

Age _____ Boy _____ Girl _____

Parent/ Guardian Name _____

Cell Phone Number (___) ___ - _____

Email Address: _____

Child's Alberta Health Care # _____

Years in Program/ Skill Level: _____

Class Times: (Please circle one)

Ages : 4 - 5 10:00 - 11:30

Ages : 6 - 7 11:45 - 1:15

Ages: 8 - 9 1:30 – 3:00

(Beginner, Intermediate)

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 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: _____