



## 2019 Clinic/Program Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Allergies: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Club rentals required |  Left Handed  Right Handed

### Program/Clinic Selection

Please check the box for the program(s) that are registering for.

- Members FREE Golf Clinic (*please indicate time*)
  - 10 a.m.
  - 11 a.m.
- Golf Get Ready  5 p.m.  6 p.m.
- Junior Golf Clinics (*please indicate age group*)
  - Ages 5 to 9
  - Ages 9 to 11
  - Ages 12 to 14
- Junior Golf Camps (*please indicate week(s)*)
  - July 2<sup>nd</sup> to July 5<sup>th</sup> (4 day camp) Beginner
  - July 15<sup>th</sup> to July 19<sup>th</sup> (5 day camp) Intermediate
  - July 22<sup>nd</sup> to July 26<sup>th</sup> (5 day camp) Beginner
  - July 29<sup>th</sup> to August 2<sup>nd</sup> (5 day camp) Intermediate

**Waiver:** I, the undersigned, do hereby release and agree to save harmless the eQuinelle Golf Club and TMSI Sports Management and their respective officers, employees or agents, from all claims for loss, injury or damage to persons and/or property in any chosen activity, which I, or any person claiming through me or on my behalf may at any time have arising out of or connected with the operation of this activity, as well as any transport to and from the said activity.

Participant/Parent/Guardian Signature: \_\_\_\_\_

Payment method processed: \_\_\_\_\_ Date: \_\_\_\_\_