



Windsor & District Junior Golf Academy



Instruction provided by Ron Glasgow - Canadian PGA Professional

First Name (please print)	Last Name	Date of Birth	Age
<input type="text"/>	<input type="text"/>	<input type="text" value="day/month/year"/>	<input type="text"/>
Male <input type="checkbox"/>	Female <input type="checkbox"/>	School	Grade

Home Address

Street No.	Street Name	Apt. Number	City	Postal Code
<input type="text"/>				

Parent/Guardian Names

<input type="text"/>	<input type="text"/>
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Home Phone Number	Work Phone Number
<input type="text" value="()"/>	<input type="text" value="()"/>

Mobile Phone Number	Email
<input type="text" value="()"/>	<input type="text"/>

Emergency Contacts

Name	Relationship	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text" value="()"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="()"/>

PROGRAM INFORMATION

PROGRAM NAME	DATE	TIME	COST
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL			<input type="text"/>

Payment Information – Return registration form and cheque to:

Windsor & District Junior Golf Academy
Suite 464 - 5848 Malden Road
LaSalle, ON N9H 0A4

Cash Cheque Payable to: Windsor & District Junior Golf Academy

Parental Disclaimer

Due to legal issues, an instructor is no longer allowed to physically touch a student (i.e. positioning an arm or leg) without parental consent. Should your child require our instructor's assistance, we require your signature on this disclaimer or we can only use oral or visual means to instruct the student. I, (parent/guardian's name) _____ give permission for my child/children _____ to receive physical help if needed during golf instruction and further agree that all photos taken of my child/children by the WDJGA or any of its representatives may be used in any or all brochures, announcements or publicity releases. I give my son(s)/daughter(s) permission to join the WDJGA and hereby waive any and all rights and claims for damages arising out of any accident or injury occurring before/during/after the lesson or events put on by the WDJGA. I release and discharge the WDJGA, its employees, directors, committee members and volunteers acting within the scope of their duties in such event from all liability in respect to such accident or injury.

Signature (Parent/Guardian)

Date