## Hawks Landing U-18

# REGISTRATION FORM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  (Please Print) Paid: Y / N

|  |
| --- |
| Card type: |
| Check number:

|  |
| --- |
|  |
| Amount: |

 |

 |
| Today’s date: | Hawk’s employee initial: |
| PLAYER INFORMATION |
| Player’s last name: |  First:  |  Middle:  | Grade: |
|  |  |
| Birth date: | Age: | Gender: |
|  / / |  | ❑ M | ❑ F |
| Street Address:  |  |  |
|  |  |  |
|  | City: | State: | ZIP Code: |
|  |  |  |  |
|  | How did you hear about us? Mark below  |  |  |
| ❑ Family | ❑ Friend | ❑ Close to home/work | ❑ Online | ❑ Other |  Tell us:  |
| This program takes place over 10 weeks. Starting June 14th and June 16th until approximately the end of August. There is no minimum nor maximum to the amount of sessions you can attend. Players will be playing a full 9 holes which takes about 2-2.5 hours to complete.  |
| IN CASE OF EMERGENCY |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent | Name | Phone | email |  |
|  |  |  |  |  |
|  |  |  |  |  |

 |
| Name of local friend or relative (not living at same address): | Relationship to player: | Home phone no.: | Work phone no.: |
|  |  | ( ) | ( ) |
| I/We the parents/guardians of the above-named candidate for a position in a golf instruction program, hereby give my/our approval to participate in any and all golf activities.I/We know that participation in golf may result in serious injuries, and do hereby waive, release, absolve, indemnity, and agree to hold harmless the local golf course and country club staff.  |
|  |  |  |  |  |
|  | Patient/Guardian signature |  | Date |  |