## Hawks Landing GOLF Academy

# 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:  |
| Select one or more:

|  |
| --- |
| **Week 1: July 2-5 10:00am-2:00pm** ❑ |
| **Week 2: July 9-12 10:00am-2:00pm** ❑ |
| **Week 3: July 16-19 10:00am-2:00pm** ❑ |
| **Week 4 July: 23-26 10:00am-2:00pm** ❑ |

 |
| 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 academy, 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 academy.  |
|  |  |  |  |  |
|  | Patient/Guardian signature |  | Date |  |