## 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 | | | | |  |