

ROCK CHAPEL

2012 REGISTRATION FORM

(hand in at the proshop beginning April 1st)

Name: _____ CIRCLE _____ M _____ D _____ Y _____
 Boy / Girl Birthdate: _____ / _____ / _____ Age: _____

Parents: _____ Home phone _____

Mom cell or work phone _____ Dad cell or work phone _____

Address: _____
STREET CITY POSTAL CODE

e-mail (print clearly): _____

Emergency contact name/phone (if different from above): _____

Medical concerns: _____

Group with friend(s): _____

Note: Kids are grouped by age so requests should be close to the same age.

How did you hear about our programs?: _____

Every golfer will need to bring appropriately sized golf clubs in a golf bag.
 Need min of: putter, wedge or 9 iron, driver or fairway wood. Rentals are not available.

	Amount (incl. tax)	Office Use
Future Links Spring Program Ages 5-14 5 weeks • 90 min sessions Beginner and intermediate instruction in swing, chipping, pitching, bunker play and putting. Includes putting course round for parent/child. No classes on May long weekend. \$125 + tax = \$141.25 per program	Sat. May 12, 26 June 2, 9, 16 • 11:00 am -12:30 pm <input type="checkbox"/>	1-
	Sat. May 12, 26 June 2, 9, 16 • 1:00 pm -2:30 pm <input type="checkbox"/>	2-
	Sun. May 13, 27, June 3, 10, 17 • 11:00 am -12:30 pm <input type="checkbox"/>	3-
	Sun. May 13, 27, June 3, 10, 17 • 1:00 pm -2:30 pm <input type="checkbox"/>	4-
Summer Golf Camp Ages 7-14 Must be born in 2005 or earlier for camp. Monday to Friday 9 am - 4 pm Morning Golf Academy instruction. Afternoon 9 holes of golf everyday. Lunch included. \$300 + tax = \$339 per week * \$250 + tax = \$282.50 (Aug. Hol. 4 day week)	Mon. July 2 to Fri. July 6 <input type="checkbox"/>	5-
	Mon. July 9 to Fri. July 13 <input type="checkbox"/>	6-
	Mon. July 16 to Fri. July 20 <input type="checkbox"/>	7-
	Mon. July 23 to Fri. July 27 <input type="checkbox"/>	8-
	Mon. July 30 to Fri. August 3 <input type="checkbox"/>	9-
	*Tues. August 7 to Fri. August 10 <input type="checkbox"/>	10-
	Mon. August 13 to Fri. August 17 <input type="checkbox"/>	11-
	Mon. August 20 to Fri. August 24 <input type="checkbox"/>	12-
Method of pay: <input type="checkbox"/> Cheque (payable to: Rock Chapel Golf Centre) <input type="checkbox"/> Debit <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Cash	TOTAL	

Refunds may be made up to 2 weeks before the start of clinic/camp subject to a \$40 cancellation fee. Receipts must accompany refund process. After that date, there are no refunds, credits or scheduling changes made for any reason.

Waiver: I hereby authorize the staff of Rock Chapel Golf Centre to act for me according to their best judgment in an emergency requiring medical attention, and I hereby waive and release the staff and the facility of Rock Chapel Golf Centre from any and all liability for any injuries or illnesses incurred while participating in the programs. I acknowledge that the staff will not be responsible for administering any medications.

I have read and accept all conditions as described on this form.

Parent/Guardian Signature: **X** _____ Date _____

Office use only	Registration date: _____	Staff Initials _____
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See www.rockchapel.ca and click "Golf Academy" for more details. Questions? email us at golf@rockchapel.ca