

ROCK CHAPEL

2014 REGISTRATION FORM

(Hand in at the proshop beginning Saturday March 29, 2014)

Child's 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) : _____

2nd contact name/phone/cell (if bringing your child): _____

Medical concerns: _____

Group with friends (if close in age +/- 1 yr): _____

If first time at Rock Chapel, how did you find out 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. Club set rentals are not available.

	Amount (incl. tax)	Office Use
Future Links Spring Program Ages 5-14 \$125 + tax = \$141.25 per program Note: Choose day & time carefully as children can only attend class they are registered in. Born in 2008 or earlier. 5 weeks • 90 min sessions Instruction in full swing, chipping, pitching, putting & bunker. No classes on May long weekend.	Fri. May 2, 9, 23, 30 June 6 • 6:00 pm -7:30pm <input type="checkbox"/>	1-
	Sat. May 3, 10, 24, 31 June 7 • 11:00 am -12:30 pm <input type="checkbox"/>	2-
	Sat. May 3, 10, 24, 31 June 7 • 1:00 pm -2:30 pm <input type="checkbox"/>	3-
	Sun. May 4, 11, 25 June 1, 8 • 11:00am -12:30 pm <input type="checkbox"/>	4-
	Sun. May 4, 11, 25 June 1, 8 • 1:00 pm -2:30 pm <input type="checkbox"/>	5-
	Summer Golf Camp Ages 7-14 \$300 + tax = \$339 per week * \$240 + tax = \$271.20 (4 day week) Born in 2006 or earlier. Monday to Friday 9 am - 4 pm. Morning Golf Academy instruction. Afternoon 9 holes of golf everyday. Lunch included.	Mon. July 7 to Fri. July 11 <input type="checkbox"/>
Mon. July 14 to Fri. July 18 <input type="checkbox"/>		7-
Mon. July 21 to Fri. July 25 <input type="checkbox"/>		8-
Mon. July 28 to Fri. August 1 <input type="checkbox"/>		9-
* Tues. August 5 to Fri. August 8 <input type="checkbox"/>		10-
Mon. August 11 to Fri. August 15 <input type="checkbox"/>		11-
Mon. August 18 to Fri. August 22 <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 \$30 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 understand and authorize that pictures taken may be used for promotion.

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

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

Office use only	Registration date: _____	Staff Initials
------------------------	--------------------------	----------------

See www.rockchapel.ca and click "Junior Golf Programs" for more details. Questions? email us at golf@rockchapel.ca