



## Lesson Program Registration Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Sex:  Male  Female Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Phone Alt: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_ Alt: \_\_\_\_\_

*\*All participants must have health insurance. Ontario residents are covered through OHIP. If the participant is **not** a resident of Ontario, please indicate the insurance company and policy number below. By signing the bottom of the form, the participant/parent/guardian indicates the applicant is in good health.*

*Please indicate any health concerns (allergies, medical conditions, medication) that our staff should be aware of:*  
Other Policy # \_\_\_\_\_

**Core Golf Privacy Policy:** Personal information collected will be used and held solely by Core Golf Academy. Information is collected for the operation of the lesson program which includes safety and emergency purposes, and for future correspondence with participants, which may include information about relevant upcoming events.

**Conduct:** e programs are operated by, and located on the Academy and Golf Club premises. To this end, all registrants will respect the facilities and ground and will abide by the rules. Failure to do so may result in immediate expulsion from a program, without a refund of payment.

**Refund Policy:** Refunds will be issued for any cancellation received 7 days prior to the 1st day of attendance. All refunds are subject to a \$25 administration fee. All lessons programs are otherwise non-refundable in whole or in part and **expire** as of **Oct 15th 2011**.

**Waiver and Consent:** I, the undersigned, hereby authorize the Core Golf Academy staff\_ or anyone acting on its behalf, to acquire medical aid that may be required as a result of any accident or injury sustained. I hereby indemnify and save Core Golf Academy staff from any and all action.

Signature: \_\_\_\_\_

LESSON PROGRAM: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

Total Payable: \$ \_\_\_\_\_ \*Cheques payable to "Whitewater Golf Club"  
*Financial information collected will only be used by Core Golf Academy and shared with the appropriate credit card company.*

CREDIT CARD:  MasterCard  Visa  A M E X OR  CHEQUE - Received by: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date (MM/YY): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

\*FOR OFFICE USE RECEIVED BY:

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