



Lesson Program Registration Form

Lessons & Clinics

Last Name: _____ First Name: _____

Sex: [] Male [] Female Age: _____

Home Phone: _____ Phone Alt: _____ Mobile: _____

E-mail: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Number: _____ Alt: _____

Please indicate any health concerns (allergies, medical conditions, medication) that our staff should be aware of:

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.*

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: The programs are operated by, and located on the Academy and Golf Club premises. To this end, all registrants will respect the facilities and grounds, 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 5pm October 15, 2010

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 actions, claims and demands for damages, loss or injury, however arising, which heretofore may have been sustained while participating in the lesson programs.

Photo Permission: Participants may be photographed or filmed. These photographs and films may be posted online, and used in print materials for the current or following year's lesson programs. Please indicate below that you are aware of this policy by checking boxes applicable:

- * [] I grant Core Golf Academy to publish my image pertaining to golf lessons program promotional materials.
- [] I do not wish my image to be used in promotional materials.

I have read and agree to all of the above:

* Signature: _____ Date: _____

LESSON PROGRAM: _____ INSTRUCTOR: _____

Total Payable: \$ _____ *Cheques payable to "THE ACADEMY AT WILLOW VALLEY"
Financial information collected will only be used by Core Golf Academy and shared with the appropriate credit card company.

CREDIT CARD: [] MasterCard [] Visa [] AMEX OR [] CHEQUE [] CASH SALE - Received by: _____

Card Number: _____ Expiry Date (MM/YY): _____

Name on card (please print): _____

* Signature: _____

*FOR OFFICE USE - RECEIVED BY:

The Core Golf Academy at Willow Valley