

GRAPEVINE GC JR GOLF SUMMER CAMPS

Registration & Release Form

Academy Session & Date: _____

Student Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip: _____

Email Address(s): (home) _____ @ _____

(work) _____ @ _____

Emergency Contact Information

Person to Contact: _____ Phone # _____

Home #: _____ Work # _____ Cell #: _____

Person to Contact: _____ Phone # _____

Home #: _____ Work # _____ Cell #: _____

Release Information

I, the undersigned do further hereby release, absolve, indemnify, and hold harmless the City of Grapevine and its employees, activity officials and supervisors, any or all of them in the event of any accident, injury, or death sustained by my child's participation while being transported to or from any activity, or while participation in any activity from any liability of any kind whatsoever. I also give permission for any photographs taken during these activities to be used for promotional uses now and in the future. Any offensive conduct, discrimination, harassment, sexual harassment, or other conduct offensive to a person, regardless of gender, race, color, religion, or national origin, committed by myself or my child towards another participant or city staff member/representative shall be prohibited and shall result in my immediate removal from the program's activities.

Parent Signature: _____ Date: _____

Grapevine GC Billing Information

Today's Date: _____

Visa MC AMEX Check

Credit Card Information is required to confirm instruction program:

Card Number: _____ Code: _____
(Last 3 digits)

Exp. Date: _____

Card Holder:Authorized User: _____

Card Holder:Signature: _____

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*For Grapevine Acct./Golf Shop Use Only beneath this line*

To:            Accounting  
From:        Golf Shop Staff

Golf Professional: \_\_\_\_\_(initial)    Accounting: \_\_\_\_\_ (initial)