

ESSEX COUNTY JUNIOR GOLF ASSOCIATION
&
WINDSOR & DISTRICT JUNIOR GOLF ACADEMY
INDOOR WINTER JUNIOR GOLF REGISTRATION
(Girls & Boys ages 6 ~ 18)

Name(s): _____ **Male/Female:** _____

Address: _____ **City:** _____ **Postal Code:** _____

Phone No.: _____ **Email:** _____

Name of School: _____ **Grade:** _____ **Age:** _____

Mother's Name: _____ **Father's Name:** _____

Please put a check beside your date and time

SATURDAY February 14, 21, 28 March 7, 28 and April 4, 11, 18, 2009
@ 8:00-9:00 9:00-10:00 10:00-11:00 11:00-12:00 OR 12:00-1:00

SUNDAY February 15, 22 March 1, 8, 29 and April 5, 12, 19, 2009
@ 8:00-9:00 9:00-10:00 10:00-11:00 11:00-12:00 OR 12:00-1:00

LOCATION: Dominion Golf Dome **COST:** \$120.00 8 week session *(no make-up lessons for missed dates)*

Instruction provided by Gilles Charbonneau

~ golf clubs provided ~ proper dress attire is required ~

RETURN REGISTRATION FORM & CHEQUE TO: WINDSOR & DISTRICT JUNIOR GOLF ACADEMY
5848 Malden Road ~ Suite 464

Please make cheque payable to WDJGA

LaSalle, ON N9H 0A4

(post-dated cheques not accepted & \$25.00 charge for NSF cheques) Email: kim@kidsforegolf.ca

PARENTAL DISCLAIMER

Due to legal issues, an instructor is no longer allowed to physically touch a student (i.e. positioning an arm or leg) without parental consent. Should your child require our instructor's assistance, we require your signature on the following disclaimer or we can only use oral or visual means to instruct the student. I, (parent/guardian's name) _____ give permission for my child/children _____ to receive physical help if needed during golf instruction and further agree that all photos taken of my child/children by the W.D.J.G.A. or any of its representatives may be used in any or all brochures, announcements, or publicity releases. I give my son(s)/daughter(s) permission to join the W.D.J.G.A. and hereby waive any and all rights and claims for damages arising out of any accident or injury occurring before/during/after the lesson or events put on by

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W.D.J.G.A. I release and discharge the W.D.J.G.A., its employees, directors, committee members and volunteers acting within the scope of their duties in such event from all liability in respect to such accident or injury.

Signature (parent/guardian): _____

Date: _____