



Austin Junior Golf Academy

Registration Form

2012

**Please fill out a
Medical Release
Form**

Date: _____

Childs Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Date of Birth: _____ Age: _____ Gender: Male Female

(Must be 5 years old as of June 1, 2012)

T-Shirt Size: Adult Sm Med Lg Xlg

(Circle One) Youth Sm Med Lg Xlg

Golf Clubs Needed? Yes No Childs Height _____



In case of emergency Call _____ Phone _____

(Please provide the name & number of the responsible person available during class time)

Mother/Guardian _____ Daytime Phone _____

Cell Phone _____ Evening Phone _____

Address _____

Father/Guardian _____ Daytime Phone _____

Cell Phone _____ Evening Phone _____

Address _____

Name of persons to whom the child may be released _____

Select Academy Session

Session 1 June 4 - 8 8:00 am to 11:30 am _____ (\$110) for Ages 5 - 13

Session 2 June 11 - 15 8:00 am to 11:30 am _____ (\$110) for Ages 5 - 13

Session 3 June 11 - 15 1:00 pm to 5:00 pm _____ (\$125) for Ages 14 - 18

Total Amount Paid

\$ _____

Payment/Amount Due at time of registration per child per Session

**Mail & Make Checks Or
Money Orders Payable To:**

**Austin Junior Golf Academy
2901 Enfield Road, Austin, TX 78703**

**If available please put
in same class as:**

The City of Austin is committed to compliance with the Americans with Disabilities Act.
If you require special assistance for participation in our programs or for use of our
facilities, please call (insert phone number).

Medical Information & Waiver Form

Does your child require special care or any disabilities? Yes No
If yes, please specify: _____

Is your child currently taking any prescribed medication? Yes No
If yes, please specify: _____

Does your child have an existing or previous illness? Yes No
If yes, please specify: _____

Has your child been hospitalized in the past 12 months? Yes No
If yes, please specify: _____

Does your child have any known allergies to foods, insect stings or medications? Yes No
If yes, please specify: _____

In consideration of myself or my child, being allowed to participate in the Austin Junior Golf Academy, Inc, sponsored by the City of Austin Parks and Recreation Department. I, the undersigned parent, binding heirs, executors, administrators, estate and assigns, do hereby release and agree not to hold liable the City of Austin Parks and Recreation Department, its officers, agents and employees; from any and all actions causes of action, claims, demands, costs or damages as a result of property damages or personal injuries or death sustained by me or my said child or his/her or my property, arising from or resulting from an act or omission, negligent or otherwise, of the City of Austin, the Austin Junior Golf Academy, Inc., and Parks & Recreation Department, Junior Tournaments, its officers, agents and employees or any other person or at any participant in the program while participating in the said activity or while traveling to or from the place at which such activity will be conducted.

YES -- Consent is hereby given for the applicant to participant in the Austin Junior Golf Academy program and permission is given for any emergency medical treatment, operation, or anesthesia, which might become necessary. I agree to be responsible for the expense of medical treatment of service.

Child's Name: _____

Physician Name: _____ Physician's Telephone _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Additional Information or Phone _____



The City of Austin is committed to compliance with the Americans with Disabilities Act. If you require special assistance for participation in our programs or for use of our facilities, please call 974-9350

