





Free Golf Lessons For Kids...Spread the Word!

Series dates April 11th, 18th, 25th On the grounds of the Marsh Creek Church. Please Bring A Friend!

Registration Form (Boys and Girls ages 5-13)
We kindly request that you complete one registration form per player.

First: ______ Last: _____

Parent Names:		Age of Junior:
Street:		
City:	State:	Zip:
Email:	Home Phone:	
Cell Phone 1:	Cell Phone 2:	
Do you need to borrow equipment? (Please circ	cle) Yes or No	
If yes, do you need right or left handed clubs? (I	Please circle) RH or LH	
If yes, what is your child's height in inches?	inches	
What time would you like attend for the series?	(Please circle) 2:00 (Girls) 3:15 (Boys)	4:30 (Girls)
Applecross Golf Program Release & Waiver of Li	ability, Assumption of Risk, and Indemnity & Parent	al Consent Agreement:
responsibilities or liabilities for injuries as a result of my particip activities involve risks and dangers of serious bodily injury or de participating in the activity, the condition in which the activity t not known to me or readily or foreseeable at this time; and I fu that of the minor in the Activity. I authorize EMG and ACC, their emergency and I hereby release discharge EMG and ACC, their	Applecross Country Club ("ACC"), their agents, employees, staff me pation and/or my child's participation as a player or spectator in proceed, ("Risks"); these Risks and dangers may be caused by my own at takes place, or the negligence of the "Releasee's named below; then the club accept and assume all such risks and all responsibility for losses, or agents, employees, staff members, directors and officers to take wagents, employees, staff members, directors and officers from any ricture, or likeness in any printed media or any form of advertisements.	grams and activities at ACC. I fully understand that: these ctions or inaction's, the actions or inaction's of others e may be other risk and social and economic losses either costs, and damages I incur as a result of my participation or thatever action is necessary, in their best judgment, in an responsibility or liability related thereto. I hereby grant
☐ I have read & understand all the information	on presented in the Applecross Golf Program Partici	pation Waiver above.
Guardian's Signature		Date:

Please submit registration forms in person to the Applecross golf shop or Mail to: <u>Applecross Country Club</u>, Attn: Eric MacCluen, 170 Zynn Road, Downingtown, PA 19335.