

Western Lakes Golf Club presents.....THE JUNIOR GOLF PROGRAM 2017
 @ Western Lakes Golf Club



PLEASE RETURN COMPLETED **REGISTRATION FORM** WITH PAYMENT TO.....

Western Lakes Golf Club/Junior Golf 2017
W287 N1963 Oakton Road, Pewaukee, WI 53072
 Questions ??? Email our PGA Golf Professional
 Garrett Mack at: gmack@westernlakes.com

CHILDS NAME	AGE	PROGRAM	GROUP
_____	_____	1 or 2	A B C D E F G H I
_____	_____	1 or 2	A B C D E F G H I
_____	_____	1 or 2	A B C D E F G H I
_____	_____	1 or 2	A B C D E F G H I
_____	_____	1 or 2	A B C D E F G H I

PARENTS NAME _____ (PLEASE PRINT)

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ () _____ EMAIL ADDRESS (PLEASE PRINT) _____

EMERGENCY CONTACT

Name _____ Phone () _____ () _____

Name _____ Phone () _____ () _____

WAIVER OF LIABILITY

The undersigned are the parents or legal guardian of

- _____, a minor ,
- _____, a minor ,
- _____, a minor ,
- _____, a minor ,

and do hereby release and absolve the Western Lakes Golf Club, PGA Golf Professional Garrett Mack, its' employees and agents from any and all liability resulting from an injury sustained by said minor(s) or any property damage from accidents that might occur while participating in the Western Lakes Golf Club Junior Golf Program and its' activities. Should minor(s) need medical attention during the Western Lakes Golf Junior Golf Program and activities, the onsite administrator or another person designated by the onsite administrator has my permission to take the necessary steps to ensure his/her health, well-being, and/or measures deemed necessary and appropriate.

<p><u>Payment Information:</u></p> <p>Amount Enclosed \$ _____ Ck # _____</p> <p><u>Credit Card:</u></p> <p>Amount to Charge \$ _____</p> <p># _____</p> <p>Exp _____ Sec Code _____</p> <p>Name on Card _____</p>

PARENT/LEGAL GUARDIAN SIGNATURE _____ **DATED** _____

(Must be signed for minor(s) to participate)