Bannlynchgolf Junior Golf Program

Registration Form

CHILD'S DETAILS

_____ _____

FIRST NAME SURNAME

_____ _____

AGE STUART APPLEBY JG MEMBER ?

GOLF HISTORY : ABSOLUTE BEGINNER _____

SOME EXPERIENCE _____ EXISTING BLG STUDENT _____

I WISH TO JOIN THE FOLLOWING CLINIC : _____ _____

Day of the Week **Time**

NAME OF FRIEND YOU WISH TO BE GROUPED WITH : _____ (if applicable)

PARENT / GUARDIAN DETAILS

_____ _____

FIRST NAME SURNAME

_____

ADDRESS **including postcode**

_____ _____

TELEPHONE MOBILE

_____

EMAIL ADDRESS

I, the parent / guardian of the above youth, hereby give my consent to his/her participation in the Bannlynchgolf Junior Classes. I hereby release the Melbourne Golf Academy, Bannlynchgolf, all employees, volunteers, advisors and sponsors from any and all liability in connection with his / her participation related thereto. I understand that there is a standard of conduct which is requested from all children.

In case of an emergency occurring, I the parent / guardian authorise a qualified medical doctor to take all necessary measures in the treatment of my child.

Parents Signature : _____ Date : _____

Payment Method :

_____ Paid in cash for the amount of $ _____

_____ Please credit my credit card for the amount of $ _____

Type of Card : _____ Number : _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Name on the Card : _____ Expiry Date : _____

Completed Registration Form and payment can be left at MGA Reception or posted to BLG at MGA 385 Centre Dandenong Road Heatherton 3202 or faxed to 9558 3107.
If you are a new student we will confirm your place before the term starts.
Credit card payments are only processed once place is confirmed.