BANN LYNCH GOLF
REGISTRATION FORM FOR CURRENT JUNIORS ONLY

Dear Parents

Please fill in the details below and return to BLG at MGA 385 Centre Dandenong Road Heatherton 3202 or fax to 9558 3107. You will need to do this to secure your child's place in the clinic they participated in this term. This form needs to be returned **14 days** prior to the first clinic.

CHILD'S DETAILS

_____ _____ ____
FIRST NAME SURNAME AGE

I WISH TO REJOIN THE FOLLOWING CLINIC : _____ _____
Day of the Week **Time**

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 : _____