Universal Registration Form for Play Better Golf Academy Programs
at the White Pines Golf Complex
500 West Jefferson Street, Bensenville IL 60106

Student's Name:_____Date _____

Email: _____; Primary Phone: _____

Address: _____; City: _____ Zip _____

Juniors Only:

Age _____; Parent's Name: _____

High / Elementary School: _____

Coach's Name: _____

Coach's Email: _____

Program Name: _____Sec. #_____

Start Date: _____; Day(s) of the week: _____; Start time of the class:_____

Will you attend more than 1 section of this class? Yes ____; No ____; If yes which sections? _____

Fee for class that you wish to attend	**$**
Number of session that you will attend (there is a separate fee for each session)	
Add 3% convenience fee if paying by credit card	**$**
Total* (multiply class fee times number of classes)	**$**

***$100 deposit due at registration, payment in full due at the first class**

Make checks payable to Play Better Golf, Inc.; Send checks to: PBG, 467 E. Providence Rd., Palatine, IL 60074

Type of payment: Check _____; Cash _____; Credit_____

Credit card information

Visa: _____; Master Card _____: Card #_____

Expiration Date: _____ Security Number: _____Signature: _____

As a participant in the Play Better Golf Instruction Program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including loss of life, damage or loss which I or my child may sustain as a result of participating in any and all activities connected with or associated with the program I further agree to waive and relinquish all claims, fully release and discharge and agree to indemnify and hold harmless and defend the park district and its officers, agents, servants employees and all those in any way associated with this program from any and all claims resulting from injuries including; loss of life, damages and losses sustained by me or my child, and arising out of, connected with or in any way associated with the activities of the program. By signing this document, you signify that you have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax your on-facsimile signature shall substitute for and have the same legal effect as an original form signature.

Responsible individual _____ Date: _____
Must be signed prior to participation

Relationship to student:_____