

# Play Better Golf at White Pines Golf Complex

## Registration Form

Student's Name: \_\_\_\_\_  
 Email: \_\_\_\_\_; Primary Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_; City: \_\_\_\_\_ Zip \_\_\_\_\_

Juniors Only:  
 Age \_\_\_\_\_; Parent's Name: \_\_\_\_\_  
 High School/Elementary School: \_\_\_\_\_  
 Coach Name: \_\_\_\_\_ Coach Email: \_\_\_\_\_

Class 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 will attend	\$
Number of sections that you will attend	
<b>Total due (multiply class fee times number of classes)</b>	<b>\$ * *</b>

**\*Payment in full due at registration**

**Make checks payable to Play Better Golf, Inc.**

**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: \_\_\_\_\_