



2010 Junior Golf Clinic

Registration Form

Student Information:

Name: _____ Male: _____ Female: _____

Age: _____

Address: _____ City _____ State: _____

Zip Code: _____ Email Address: _____

June 21-June 24 _____ or July 12-July 15 _____

Parent/Guardian Information:

Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Email _____

Emergency Contact:

Name: _____ Home Phone: _____ Cell Phone: _____

Medical Release (all parents and guardians must sign):

I (we), the parent(s) or legal guardian (s) of the children listed on this application, do hereby release, acquit, hold harmless and forever discharge Allyndale Golf Center, LLC, it's professionals, its junior golf camp, authorized representatives and volunteers from any claims, damages, demands, and actions (of law or in equity) arising from or out of any treatment undertaken by any hospital, clinic, emergency room, physician or nursing personnel upon the child as a result of accident or sudden illness while said child is engaged in AGC LLC

junior golf camp under the supervision of AGC LLC golf professionals and it's authorized personnel. I (we) further authorize said facility and it's authorized personnel to obtain for said child emergency treatment for sudden injury or illness in the event of our absence at a reconized hospital, emergency room, or clinic, hereby guaranteeing the payment of expenses incurred.

Parent/Gardian signature _____ Date _____

**Please send completed applications to: Allyndale Golf Center LLC, PO Box 253,
East Canaan, CT 06024 Phone 860-824-4252 email
allyndalerange@msn.com**