

2017 REGISTRATION AWCC JUNIOR GOLF PLAYING PROGRAM

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CHILD'S NAME **BOY / GIRL** **AGE**

PARENT'S NAME **E MAIL ADDRESS**

ADDRESS **PHONE #**

CITY **ZIP**

SESSION	CLASS	DAYS T-W-TH	FEE	\$ AMT PD
# 1	BASIC SKILLS 8AM-9:15AM	May 30, 31, Jun 1	\$10 per Day/\$30 Session	
# 2	AUGUSTA SKILLS 8AM-9:15AM	June 6, 7, 8	\$10 per Day/\$30 Session	
# 3	PLAYING SKILLS 8AM-9:15AM	June 13,14,15	\$10 per Day/\$30 Session	
Tournament	SODA POP OPEN 8AM SHOTGUN	Monday, June 19	FREE	
TOTAL				

RELEASE OF LIABILITY

I hereby, voluntarily enroll my child in the AWCC Junior Golf Playing Program. In doing so, I relieve AWCC, their employees and agents of any and all liability associated with the operation of the Junior Golf Camp. **Although Golf Does Not Pose the Threats of Bodily Injury of Contact Sports, There is the Danger of Injuries.** I hereby, assume the risks of bodily injury inherent in the game of golf, the use of AWCC, and golf equipment, and do hereby waive any claims or causes of action which I may have against AWCC, their employees and agents, that arise out of any injury my child may sustain from such use. This waiver shall be binding upon me, my child, my heirs, personal representatives and assigns.

For the Safety of All the Students: The Teaching Staff Reserves the Right to Remove from Class, Any Student Engaging in Dangerous or Negligent Behavior, With or Without Prior Notice to the Student or the Parents.
No Refunds or Rain Checks will be given after the session begins.

Parents Agree to Pick Up Juniors Promptly After Classes.
There Will be No Supervision Provided Beyond Scheduled Class Times.

PARENT'S NAME **PARENT'S SIGNATURE**

EMERGENCY PHONE # **EMAIL ADDRESS**



**5601 E. Hermosa Vista Drive
 Mesa AZ 85215
 (480) 830 - 4725**