

# JUNIOR GOLF CLINICS

Term 2, 2016

Sunday Mornings

8 May – 3 July

7 year olds & under: 8.00am – 8.45am

8 year olds & over: 9.00am – 10.00am

10 year olds & over: 10.00am – 11.00am

Cost: \$100 per junior

All sessions will have multiple areas of play:

- Ball Skills
- Full Swing
- Chipping
- Putting
- Bunkers
- On-Course Play

Please note there will be no session on Sunday 12 June 2016  
(due to the Queen's Birthday long weekend).

## JUNIOR GOLF CLINICS: TERM 2, 2016

8 May – 3 July

### Enrolment Form

Name: .....

Address: .....

Phone: (h) ..... (m) ..... School: .....

Date of Birth: ..... Age: ..... Handicap (if applicable): .....

Email Address: .....

Session (please tick):  8.00am – 8.45am  9.00am – 10.00am  10.00am – 11.00am

Is the participant on any medication: ..... If Yes, Please state name and dosage: .....

Does the participant suffer from any of the following (please circle): Fits Dizzy Spells Travel Sickness Asthma  
Heart Condition Migraines Penicillin

Does the participant have any Allergies: .....

Parent Guardian Name: ..... Phone Number: .....

I give my consent to the Kooyonga Golf Club using my child's name and image (including photography) in any form or medium for general marketing and promotional activities. Yes / No (please circle)

I understand that the personal information collected on this form is used for the purpose of processing my request for participation in the Kooyonga Golf Club Junior Clinic & MyGolf program. MyGolf may also use this information to send you golf related information or offers. Yes / No (please circle)

I hereby authorise the Kooyonga Golf Club or its nominated representative to make such arrangements as deemed necessary by the attending medical practitioner in the event of emergency medical treatment being necessary in respect of my child. Yes / No (please circle)

Payment (\$100 for non Kooyonga Junior Members to be paid prior to the first session): \$ .....

Method of Payment (please circle): CHEQUE (payable to: Kooyonga Golf Club Inc) CREDIT CARD

<b>CREDIT CARD PAYMENT</b>		VISA <input type="checkbox"/>	M/CARD <input type="checkbox"/>
Card No.	<input type="text"/>	Exp.	<input type="text"/> / <input type="text"/>
Name	<input type="text"/>	Signature	<input type="text"/>