



GOLF PROGRAM REGISTRATION FORM



Participant - #1

First Name:		Last Name:	
Birthdate:	Age:	Cell Phone #:	
Address:		Home Phone #:	
Town:	Postal Code:	Sex:	
Health Card #:	Health Concerns:		
GOLF PROGRAM INFO: DATE, TIME			COST
1			\$
2			\$

Participant - #2

First Name:		Last Name:	
Birthdate:	Age:	Cell Phone #:	
Address:		Home Phone#:	
Town:	Postal Code:	Sex:	
Health Card #:	Health Concerns:		
GOLF PROGRAM INFO: DATE, TIME			COST
1			\$
2			\$
PARENT CONTACT INFORMATION (for children's under 16 years of age)			
Name(s):			
Address:		Town:	Postal Code:
Home Phone:	Work Phone:	Cell Phone:	

IMPORTANT CANCELLATION INFORMATION

Cancellations by Participant/Applicant: A \$20 administration fee is applicable for any cancellations.
 *No refunds will be made unless at least 14 days cancellation notice is given prior to the start date of the program/course to the Parks and Recreation Department.
 Programs with insufficient registration will be cancelled at Recreation departments' discretion – in the event a program is cancelled, full refunds will be mailed to participant

DISCLAIMER OF LIABILITY & RELEASE OF CLAIMS

Disclaimer: Information contained in this form is for the use of Springwater Township only and will not be made public. The participant, including his or her parents/guardians, in signing this registration form chooses to participate in this program at his or her own risk. The Township of Springwater accepts no liability for bodily injury, death or property damage, whether caused by negligence or by any other reason.

Release: The participant and his or her parents/guardians release the Township of Springwater including their elected official, employees and agents, from all claims for loss or damage of any kind connected in any way to participation in this program, whether caused by negligence or otherwise. The Person signing this form acknowledges having read and understands the disclaimer and release and having voluntarily signed to indicate acceptance of the terms above.

FAX REGISTRATION TO: 705 728 2759

X _____
Signature of Participant or their Parent/Guardian

Date

METHOD OF PAYMENT:

CHEQUE CASH VISA MC

Please make cheques payable to: **Township of Springwater**

Card# _____ Expires ____/____

CARD HOLDER NAME: _____

SIGNATURE: _____

TOTAL:\$ _____