

2010 Junior Golf Series

Registration Form

Name _____

Parent or Guardian's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Junior's Date of Birth _____ Clubs needed Yes _____ No _____
(RH or LH)

Select session(s) with an **X**.

4 week series

x	Junior Golf Series	Pee Wee Ages 4-6	Time	
	Session 1 Saturdays	May 29- June 5,12,19	1:00pm-2:00pm	\$75
	Session 2 Wednesdays	July 21, 28, Aug. 4,11	5:00pm-6:00pm	\$75
	Junior Golf Series	Ages 7-9	Time	
	Session 3 Tuesdays	May 18, 25, June 1,8	5:00pm-6:00pm	\$75
	Session 4 Fridays	July 9,16,23,30	10:00am-11:00am	\$75
	Junior Golf Series	Ages 10-12	Time	
	Session 5 Saturdays	July 10,17,24,31	1:00pm – 2:00pm	\$75
	Session 6 Wednesdays	June 2,9,16,23	5:00pm – 6:00pm	\$75

Payment

The cost of the Junior Golf Series is \$75. A \$50 non-refundable deposit is required. Payment in full must be received before the start of the first session.

Non-Refundable Deposit \$ _____ Balance Due \$ _____

(Make check payable to *Paula Slivinsky*)

Waiver and Release

Acknowledging that participation in athletics carries with it a risk of physical injury, I agree that Paula Slivinsky shall not be liable to me or my child for any injury or damage, howsoever causes, resulting directly or indirectly from my child's participation in the Junior Golf Series at any time preceding, during or after the program is in session and I hereby discharge Paula Slivinsky from all actions, claims, and demands I or my child may have for any such injury or damage. I authorize that Paula Slivinsky has the right to use all photographs or videos taken of my child for advertising or promotional purposes.

Parent or Guardians Signature _____ Date _____

Send Form with payment to: Paula Slivinsky • 1708 Old Country Rd. Elmsford NY 10523