



ANGUS GLEN GOLF ACADEMY JUNIOR REGISTRATION FORM

Name: _____ Female Male Age _____

Email: _____

Street: _____ City: _____

Province: _____ Postal Code: _____ Phone Number: _____

Alternative Phone Number: _____

Junior Instruction

Junior Golf Camp \$299*

Junior Academy Series \$169*

AG Future Stars Clinic \$129*

Elite Junior Golf Program \$329*

Start Date: _____ Time: _____

Private & Semi-Private Instruction

**Build your own school! For more information and details contact:
Terry Kim at tkim@angusglen.com or call 905.887.0090 x 284**

Payment Information:

Visa Mastercard AMEX Cheque
Cheque made payable to Angus Glen Golf Club Ltd.

Credit Card Number: _____ Expiry Date: _____

Credit Card Holders Name: _____

Signature: _____

*I agree to pay the above total amount (plus applicable taxes) according to card issue agreement
The amount will be charged upon receipt of registration form

Processed by: _____



Name of Participant _____

**ANGUS GLEN GOLF CLUB
REGISTRATION FORM
JUNIOR GOLF ACADEMY**

We protect and respect the privacy of our members. Personal information is used to communicate within our organization. We do not provide or sell this information outside our organization.

JUNIOR GOLFER (THE "PARTICIPANT") INFORMATION

Family Name: _____ First Name & Initials: _____

Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____

Birth Date: _____ School: _____ Grade: _____

If the participant has attended the Junior Golfer Program before, in what year did he or she originally join? _____

PROGRAM DETAILS

Name of Program: _____

Day of Program: _____

Time: _____

Start and End Dates: _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian Name: _____

Address: _____

Telephone: Work (____) _____ Home: (____) _____ Cell: (____) _____

Other Parent name (if family name different than above): _____

Other parent address and phone (If different than above): _____

Family email: _____

If the above are unavailable in an emergency, please notify:

Name: _____

Address: _____

Telephone: Work (____) _____ Home: (____) _____ Cell: (____) _____

PERSONAL HEALTH INFORMATION

The following information will enable staff to provide the best care for the participant:

The participant will participate in various physical activities during his or her time in the Junior Golfer Program. Does the participant have any physical, cognitive, emotional or behavioral limitations/challenges that would require assistance and/or modifications to the program to enable him or her to participate fully? Yes No

If yes, please state particulars: _____

Do you have any special instructions for staff regarding the participant's health care and/or diet? Yes No

If yes, please explain: _____

Name of Participant _____

If the participant has allergic reactions to such things as food, insect stings, etc., please complete the following:

<i>Allergy</i>	<i>Life-Threatening?</i>	<i>Allergy</i>	<i>Life-Threatening?</i>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is the participant subject to any of the following? (*Please check all that apply*)

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Other-please specify?
<input type="checkbox"/> Respiratory Ailments	<input type="checkbox"/> Ear Trouble	_____
<input type="checkbox"/> Headaches		_____

Please list any chronic condition(s) or recent illness(es) of which the staff should be aware.

Please provide details of treatment required and name of medications the participant will be bringing with him or her if required for the above-mentioned condition(s).

Are there any medications that the participant should carry (e.g. asthma pump, Epi-pen)? Yes No.

If yes, please specify: _____

Angus Glen requires a tetanus immunization within 10 years of the program. Please provide the date of the participant's last tetanus inoculation. Date ___/___/___

Are there any other health issues or restrictions that our program staff needs to be made aware of for the participant's safety during his or her participation with the Junior Golfer Program? If "yes", please list:

PERMISSION TO PICK UP THE PARTICIPANT

Angus Glen strives to provide the safest possible environment for your child. In keeping with that goal, staff will only release the participant to individuals who have been authorized by you to pick up the participant after Junior Golfer Program activities. In the space below, please list up to four people (including yourself) who may pick up the participant.

1. _____	3. _____
2. _____	4. _____

Please note that individuals on this list may be required to show photo identification if they are not known to staff. As well, if there is a need for someone other than those listed above to pick up the participant, please inform the Program Coordinator in writing. In an emergency situation, the Program Coordinator and/or staff may accept verbal authorization from you.

Name of Participant _____

VIOLATION OF RULES/DESTRUCTION OF PROPERTY

I understand and agree that, for the safety and comfort of everyone, Angus Glen is a non-smoking facility, and is in conformance with all applicable laws governing drug use, alcohol use by minors, environmental protection, health and safety. Rules established to protect the property, privacy and safety of Angus Glen, golfers and staff, will be enforced.

I further understand that willful violation of golf camp rules can lead to the participant's dismissal from the Junior Golfer Program. Angus Glen reserves the right to dismiss or remove the participant for misbehaviour at any time.

I acknowledge that if the participant is dismissed or otherwise removed from the golf camp, I will be completely responsible for making arrangements for transportation, and that Angus Glen shall make no refunds of any funds paid in association with the Junior Golfer Program.

I understand that willful destruction of property will be my responsibility on behalf of the participant. Angus Glen is not responsible for lost, damaged or stolen personal belongings.

PHOTOGRAPHS AND RECORDINGS

Pictures may be taken and recordings may be made during activities and events of the Junior Golfer Program. Please advise us if you are willing to have the participant's photograph used by Angus Glen for the promotion of the Junior Golfer Program.

I, on my behalf and on behalf of the participant, give permission to Angus Glen to photograph participant and to use in printed form or display form for the promotion of youth golfing. I, on my behalf and on behalf of the participant, assign and transfer to Angus Glen any and all rights, including copyright, which I may have or the participant may have in this material.

On behalf of the participant, I give my permission as set out above.

Please initial

On behalf of the participant, I **DO NOT** give my permission.

Please initial

EXECUTION OF RELEASE, WAIVER AND ASSUMPTION OF RISK AGREEMENT

I understand that I am required to read, understand, and execute the attached Release, Waiver and Assumption of Risk Agreement.

DATED at _____, Ontario this _____ day of _____, 2010.

Signature of Parent or Legal Guardian if Junior Golfer is under 18 years of age*

Name:

* When only one legal parent/guardian signs to indicate consent, he/she does so in good faith and is presumed to be acting with the consent of the other legal parent/guardian.



Name of Participant _____

**RELEASE, WAIVER AND ASSUMPTION OF RISK AGREEMENT
BY A PARENT OR GUARDIAN
(if the Junior Golfer is under 18 years of age)**

THIS RELEASE, WAIVER AND ASSUMPTION OF RISK AGREEMENT by a parent or legal guardian applies to participation by the Junior Golfer in any aspect of the Junior Golfer Program.

I, _____, hereby acknowledge and agree to the following in consideration of _____ (the "**Junior Golfer**") being permitted to participate in the activities of Angus Glen Golf Club Ltd. ("**Angus Glen**"):

1. **Participation Liability Release:** I acknowledge that I have voluntarily chosen to enrol the Junior Golfer in training, activities, programs and events conducted at Angus Glen (collectively, the "**Junior Golfer Program**").

2. **Acknowledgement of Risks:** Angus Glen strives to provide a safe environment for its Junior Golfer Program. However, it is important for all program participants and parents and legal guardians to understand that, even with safety measures, participation in the Junior Golfer Program involves unavoidable exposure to risk of injury. I hereby acknowledge and agree that some activities and some aspects of the Junior Golfer Program may expose the Junior Golfer to risks and hazards, including but not limited to:

- (a) injuries suffered from any and all contact with golfing equipment, including but not limited to golf balls and golf clubs;
- (b) injuries suffered from falling, running, walking or any other sport-related activity;
- (c) overexertion;
- (d) allergic reactions to any food or beverage served during the Junior Golfer Program; and
- (e) allergic reactions to sunscreen applied to the Junior Golfer's skin during the Junior Golfer Program.

3. **Assumption of Risk:** I understand that the Junior Golfer may be exposed to risks and hazards other than those described in section 2(a) to (e), and I freely and voluntarily assume any and all risks and hazards for the Junior Golfer.

4. **No Increased Susceptibility to Risk:** I hereby represent that I have advised Angus Glen of any facts known to me which would make the Junior Golfer more susceptible to injury or risk of injury as a result of participating in the Junior Golfer Program than would be the average person of the same age. I have thoroughly explained to the Junior Golfer the risks associated with participating in the Junior Golfer Program using language appropriate for the age and intellectual capacity of the Junior Golfer.

5. **Medical Release/Authorization:** I hereby give permission to Angus Glen staff to transport the Junior Golfer to a doctor and/or hospital for treatment. I authorize all medical, surgical, diagnostic and hospital care procedures which may be performed or prescribed by a licensed physician or emergency service providers when deemed immediately necessary or advisable by the physician or emergency service providers to safeguard the Junior Golfer's health. I hereby waive my right of informed consent to such treatment.

6. **Continuing Responsibility:** I understand that it is my responsibility to update any and all changes to the Junior Golfer's personal health information as provided on the Junior Golfer's registration form as I become aware of such changes.

7. **Waiver of Claims:** Without limiting the generality of the foregoing, I hereby release Angus Glen, its members, officers, directors, employees, volunteers, independent contractors and any and all affiliated third parties, from all liability, claims, and causes of action of any kind whatsoever, in respect of all personal injuries, loss of life or property losses which the Junior Golfer may suffer arising out of or in connection with the Junior Golfer Program. I further waive all claims against Angus Glen, its members, officers, directors, employees, volunteers, independent contractors and any and all affiliated third parties, for any and all direct, incidental and consequential damages relating in any way to Angus Glen.

Name of Participant _____

8. **Own Insurance:** I understand that I am strongly advised to procure my own prudent levels of insurance for the Junior Golfer covering participation in the Junior Golfer Program. I understand and recognize that I must and will look solely to my own insurance, if any, for any loss occurring at, or relating to, the Junior Golfer Program. I understand and agree that Angus Glen has no obligation to procure insurance on my behalf.

9. **Indemnification:** I understand and agree on behalf of the Junior Golfer and all other heirs, assigns, and legal and personal representative(s) (each, an "**Affiliated Party**"), that the Junior Golfer and any Affiliated Party are also subject to this Waiver. Understanding that damages may be caused to others by or related to the Junior Golfer's participation in the Junior Golfer Program, I agree to completely indemnify and hold harmless Angus Glen, its members, officers, directors, employees, volunteers and independent contractors, from any claim by any third party arising from or related to the Junior Golfer's participation in the Junior Golfer Program, plus all costs, except where such claim arises solely from the negligence of Angus Glen.

10. **Severability:** If any provision of this Release, Waiver and Assumption of Risk Agreement shall be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Release, Waiver and Assumption of Risk Agreement and shall not affect the validity and enforceability of any remaining provisions.

11. **Duration:** This Release, Waiver and Assumption of Risk Agreement shall be effective for each and every activity and event conducted as part of or in connection with the Junior Golfer Program that is participated in by the Junior Golfer for one (1) year after the date of execution.

12. **Full Comprehension and Consent:** I acknowledge and agree that I have carefully read all of the terms of this Release, Waiver and Assumption of Risk Agreement. I fully understand this Release, Waiver and Assumption of Risk Agreement, and I am freely and voluntarily executing same. I understand clearly that by signing this Release, Waiver and Assumption of Risk Agreement, I will forever be prevented from suing or otherwise claiming against Angus Glen, its members, officers, directors, employees, volunteers, independent contractors and any and all affiliated third parties with respect to any matter in connection with the Junior Golfer Program.

13. **Opportunity to Question:** I have been provided with adequate opportunity to read and understand this Release, Waiver and Assumption of Risk Agreement prior to signing same. Any questions that I may have with respect to this Release, Waiver and Assumption of Risk Agreement have been answered in full and to my complete satisfaction.

DATED at _____, Ontario this _____ day of _____, 2010.

Signature of Parent or Legal Guardian if Junior Golfer is under 18 years of age*

Name:

* When only one legal parent/guardian signs to indicate consent, he/she does so in good faith and is presumed to be acting with the consent of the other legal parent/guardian.