THE ACADEMY
VIC HADFIELD GOLF AND LEARNING CENTRE

Clinic & Camp Registration Form
(One person per form)

Name: _____ **Date:** _____

City : _____ **E-Mail:** _____

Phone: Home: _____ Bus:_____

CLINIC/CAMP NAME or LESSON PACKAGE	*Dates*	*Time*

Golf Ability: **Beginner** ◯ **Intermediate** ◯ **Advanced** ◯

Payment: To be made in full at time of registration - Cash ◯ **Cheque** ◯ **Credit Card** ◯ **PayPal** ◯

Additional Junior Golfer Information

Age: _____ Male ◯ Female ◯ Birth Date:_____

Parents Name: _____

Emergency Contact: _____ Phone # _____

Known Allergies: _____ Medications: _____

Health Card Number: _____

Mail all registration forms to: **1011 Upper Middle Road East**
Suite 1438
Oakville, ON L6H 5Z9

A 24 Hour cancellation notice is required for all private, semi private and group lessons.

A fourteen day cancellation notice is required for all clinics/camps or receive a credit for a future camp/clinic.

RELEASE:
The applicant agrees that Jeff Hadfield, The Vic Hadfield Golf and Learning Centre and/or any other organization and individual connected with them, will not be held responsible for any accidents or loss however caused. The applicant agrees to release the above mentioned organizations/individuals from all claims or damages which may arise as a result of, or by means of such an accident or loss. The Academy also reserves the right to cancel any session due to any circumstances that are not to the benefit of the applicants the camp or league.

_____ _____

Date Signature of Golfer, Applicant or Parent (if golfer is less than 18yrs old)