

## 2018 JUNIOR DEVELOPMENT PROGRAM REGISTRATION FORM

399 Clubhouse Drive, Courtenay, BC V9N 9G3 | PHONE 250.703.5029 | FAX 250.703.5010 | [www.crownisle.com](http://www.crownisle.com)

Please complete all sections

Name \_\_\_\_\_  
FIRST LAST

Age DD / MM / YYYY Boy  Girl

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

School Attending \_\_\_\_\_

Parent's Name \_\_\_\_\_  
FIRST LAST

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email \_\_\_\_\_

Does your child have any physical limitations that we need to be aware of? Yes  No

If yes, please explain \_\_\_\_\_

Years played \_\_\_\_\_ H'cap or Avg. 18 Hole score (if applicable) \_\_\_\_\_

Does your child have his/her own clubs? \_\_\_\_\_

Has your child had previous instruction? \_\_\_\_\_

Any other sports played \_\_\_\_\_

### WAIVER & RELEASE

I hereby execute and deliver this waiver and release to induce the Crown Isle Golf Academy, the Crown Isle Golf Resort, and its owners throughout my child's participation in a lesson program of physical training ("program"). I acknowledge that I understand that participation in any exercise program carries with it certain medical risks of illness or injury and that my child's participation in the program is upon the express agreement and understanding that I am hereby waiving and releasing the above from any and all claims, costs, liabilities, expenses or judgments, including lawyers fees, and court costs (hereby collectively "Claims") resulting there from and hereby agree to indemnify and hold harmless each of the above from and against any and all such Claims except Claims caused by the gross negligence or willful misconduct of them, their representatives, agents or employees.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_