



JAKE GAITHER GOLF COURSE

Summer Junior Golf Clinic Registration Form

Student Information:

Name Age D.O.B.
 Address
 Zip Code

Parent / Guardian Information:

Name
 Phone (h) (w) (c)
 Email

In case of emergency, please notify (Name) (Phone Number)

The clinics are from 8 a.m. to 12 p.m. The total cost of each summer clinic is \$90 per student (ages 7-17). Lunch and snacks are included. Please call Tiant DeWindt at 891-3942 with any questions.

I would like to sign up for the following clinic:

<input checked="" type="checkbox"/> Select Date(s)	Cost	Amount	<input checked="" type="checkbox"/> Select Payment Method
<input type="checkbox"/> June 18 - 21	\$90	\$ <input type="text"/>	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit
<input type="checkbox"/> July 16 - 19	\$90	\$ <input type="text"/>	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit
TOTAL		\$ <input type="text"/>	

Please make checks payable to: City of Tallahassee
 Remit to:
 Jake Gaither Golf Course
 c/o Tiant DeWindt
 801 Bragg Drive
 Tallahassee, FL 32305

If using a credit card:
 Name on Card
 Account Number
 Expiration Date

Consent: I understand that participation in sports may cause injuries. I agree by my signature below that in the event my child is disabled, injured or incurs a disease of a temporary or permanent nature while participating, I will waive all claims against the City of Tallahassee, its staff, coaches and volunteers. The City of Tallahassee reserves the right to photograph/videotape facilities, activities and program participants for future use to promote the City of Tallahassee facilities. All photos/footage will remain the property of the City of Tallahassee and may be used for publicity or promotional purposes only.

Parent Signature: _____ Date: _____

Office Use Only:

Amount received \$ Received by

Method of Payment: Cash Check Credit Card

