



# 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 Rosie Keween 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 19 - 22	\$60	\$ <input type="text"/>	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit
<input type="checkbox"/> July 17 - 20	\$60	\$ <input type="text"/>	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit
<input type="checkbox"/> July 31 - August 3	\$60	\$ <input type="text"/>	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit
<b>TOTAL</b>		<b>\$</b> <input type="text"/>	

Please make checks payable to: City of Tallahassee  
 Remit to:  
 Jake Gaither Golf Course  
 c/o Rosie Keween  
 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

