



**Please fill out a  
Medical Release  
Form**

Date: \_\_\_\_\_

Childs Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

(Must be 6 years old as of June 1, 2008)

**T-Shirt Size:** Adult Sm Med Lg Xlg

(Circle One) Youth Sm Med Lg Xlg

Golf Clubs Needed? Yes No Childs Height \_\_\_\_\_

In case of emergency Call \_\_\_\_\_ Phone \_\_\_\_\_

(Please provide the name & number of the responsible person available during class time)

Mother/Guardian \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Address \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Address \_\_\_\_\_

**Name of persons to whom the child may be released** \_\_\_\_\_

### Select Academy Session

Session 1 June 8 - 12 8 am to 11 am \_\_\_\_\_ (\$90)

Session 2 June 15 - 19 8 am to 11 am \_\_\_\_\_ (\$90)

**Total Amount Paid**  
\$ \_\_\_\_\_

### Payment/Amount Due at time of registration per child per Session

**Mail & Make Checks Or  
Money Orders Payable To:**

**Austin Junior Golf Academy  
2901 Enfield Road, Austin, TX 78703**

**If available please put  
in same class as:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_