



2008

# Austin Junior Golf Academy

## Registration 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 9 - 13      8 am to 11 am \_\_\_\_\_ (\$90)

Session 2      June 16 - 20      8 am to 11 am \_\_\_\_\_ (\$90)

<b>Total Amount Paid</b>
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### 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**

<b>Please fill Medical Release Form</b>
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