



JIM McLEAN GOLF SCHOOL

Registration Form for the Jim McLean Jr. After School Program

Participant's Name _____ Age: _____

Please Circle: Monday – Beginner/Intermediate (ages 5 – 12) Tuesday – Advanced (ages 13-17)

Parent's Name: _____

Address: _____

City/State/Zip: _____

Phone Number: (____) _____ - _____ Phone Number: (____) _____ - _____

E-mail: _____

Payment Information

Card Holder Name: _____

Credit Card Type: Visa____ / Master Card____ / American Express ____

Credit Card # _____ Expiration Date: _____ / _____

Signature: _____

Today's Date: ____ / ____ / ____

In registering my child listed above for the Jr. After School Camp at the Jim McLean Golf School. I hereby release and hold harmless the Jim McLean Golf School and SunRidge Canyon Golf Club, their affiliates, Instructors and employees from all claims, damages, injuries, losses, expenses and liabilities which may occur from his/her participation.

_____ / _____ / _____

Parent's Printed Name

Parent's Signature

Date

***** Please note: Upon registering your child, you agree to attend each week and will be charged accordingly unless you cancel at least 24 hours in advance. *****

Jim McLean Golf Schools

SunRidge Canyon Golf Club 13100 N. SunRidge Drive. Fountain Hills, AZ 85268

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