

2008 Academy Registration & Permission Form --
(Page 1 of 2)

Santa Ana Golf Academy LLC
 Santa Ana Golf Club,
 288 Prairie Star Rd.
 Santa Ana Pueblo, NM
 87004
 (505) 366-8642

Please print clearly:

Participant Name: _____ Gender: Female Male
(first name) (last name) (nickname, if applicable)

Birth Date: (____/____/____) Age Today: _____ Grade Level: _____ School: _____

Participant Health Information: _____ Disability Information: _____

Parent(s)/Legal Guardian(s): _____ Relationship _____
(First & Last Names)

Parent/Guardian E-mail Address **(please print very clearly)**: _____

Phone: (home) _____ (work) _____ (mobile) _____

Address: _____ City: _____ State: _____ Zip Code: _____

This form completed by: Mother Father Legal Guardian

Emergency Contact--**if parent/guardian cannot be reached** _____ Phone #: _____

Relationship: _____

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 In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by Santa Ana Golf Academy and Santa Ana Golf Corporation representatives. I hereby give permission to the medical personnel selected by Santa Ana Golf Academy and Santa Ana Golf Corporation representatives to secure any and all medical, hospitalization, dental and/or surgical treatment. In the event that such medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian.

Parent/Legal Guardian Initials: _____

Schedule Selection

Note: PLEASE SELECT YOUR "SESSION." Requests can be made for optional (additional) session. Those requests will be fulfilled **only on a first paid-available basis**. Please be sure to identify your color code (Handicap).

Primary Session	Optional/Additional Sessions	
	<u>Optional Request 1</u>	<u>Optional Request 2</u>
Registration fees are non-refundable within 30 days of the start of class or if any benefits of the program have been used.		
Registration should not be considered final until confirmation is received.		

PLEASE CONTINUE ON NEXT PAGE

This Section for Office Use Only

Payment Rec'd: Amt: _____ Check #: _____ Cash or Cr Card ID Card #: _____

Raffle #: _____ Raffle #: _____ Raffle #: _____ Raffle #: _____

Equipment

I understand that any golf equipment received for use is the property of Santa Ana Golf Academy, and will be returned to the facility upon the termination of the participant's involvement in the program.

Parent/Legal Guardian Initials: _____
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Media Release

I hereby give Santa Ana Golf Academy use of film, video tape and/or photographs of the above mentioned minor for lawful promotional or informational purposes.

Parent/Legal Guardian Initials: _____
.....

I, the parent/legal guardian of the above named youth, give approval for participation in Santa Ana Golf Academy sponsored activities. I assume all risks of injury whatsoever and agree to hold harmless Santa Ana Golf Academy LLC and Santa Ana Golf Corporation from claim(s) of any nature arising from any activity connected with Santa Ana Golf Academy facility or program. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of Santa Ana Golf Academy and Santa Ana Golf Corporation, its employees, agents, LPGA and PGA Professionals, participating agencies, and volunteers. I consent to Santa Ana Golf Academy and Santa Ana Golf Corporation communicating information regarding my child's participation via the internet.

Parent/Legal Guardian Initials: _____
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After Class Safe Zone

It is important that Santa Ana Golf Academy understands how each parent would like their child handled upon completion of each class. We will have a safe zone for the students to gather at upon the end of class. We anticipate having a parent/volunteer helping monitor the safe zone. The safe zone will normally be near the front entrance to Santa Ana Golf Academy's office at Santa Ana.

Please choose which method is appropriate for your child upon the class finishing.

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**Please Initial Your Preference:**

\_\_\_\_\_ My child must wait for parent/guardian to leave safe zone; OR

\_\_\_\_\_ My child does not have to wait in the safe zone. The child may leave the class site on his/her own and I relieve **Santa Ana Golf Academy LLC and Santa Ana Golf Corporation** for any liability resulting from this action.

Our coaches' schedules are structured so that they are either starting another class upon completion of the prior class or they may have responsibilities at other parts of either the Santa Ana or Twin Warriors golf facilities. Please help respect our coaches' time and be present 5 minutes prior to the end of a class. If the coaches must begin another class and a parent/guardian has not arrived to pick up their child, the coach will take the child to next class work area. The parent/guardian will then be responsible to find the class work area to get their child and there will be a \$5 charge for each 5 minutes of late pickup by the parent/guardian.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_