



Registration Form

Today's Date: _____

Name:			
Sex:	D.O.B. / Age:		
Emergency Name & Phone No.:			
EMAIL Address:			

How did you hear about us? : _____

PARENTS OR GAURDIANS

(1) First Name:	Last Name:
Relationship to Child:	
Address:	
Home ph.	Work / Cell ph.
(2) First Name:	Last Name:
Relationship to Child:	
Address:	
Home ph.	Work / Cell ph.

Credit Card Details: Name: _____

C/Card Number: _____ **Exp Date:** _____

Type of Card: _____ **CVS No.:** _____

Your child will only be released to an authorized person listed on this form. In case of an emergency or an unforeseen circumstance, please indicate the Name & Ph. No. of any other person/s who you authorize to pick-up your child.

Name:	Phone:
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WAIVER OF LIABILITY AND RELEASE

I recognize that there are inherent risks involved in sports and fitness activities. In consideration of the services provided, I hereby release and hold harmless, Atlanta Golf Training LLC and its directors, employees, and agents from any and all liability for injuries, including those resulting in death, and illnesses incurred while participating or attending any event or in any facility of Atlanta Golf Training Center or field trip. By signing this document, the participant or legal guardian confirms that he or she has authority to sign, has read the entire document, and has understanding that the document waives certain rights of the person signing or the participant.

Print name clearly: _____

Signature: _____ Date: _____