

The Golf School at Patriots Glen 2009 Registration Form

Student: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone (Primary): _____ Phone (Secondary): _____

Adult Child Age: _____ Ability/ Handicap: _____

Adult Classes and Clinics

Program: _____ Month: _____

Day & Time: _____

Junior Classes and Clinics

Program: _____ Month: _____

Day & Time: _____

Summer Camps

Beginner (9AM- 11:30AM) Intermediate Program (12PM- 3PM)

Session: (Circle sessions) July 6- 10 July 13- 17 July 20- 24
 August 3- 7 August 10- 14 August 17- 21

The Golf School at Patriots Glen Release for Participants:

The Golf School at Patriots Glen and participating facilities do not assume responsibility for injuries incurred while participating in any athletic or sports program or event and is not liable for lost or stolen items. I give permission to The Golf School at Patriots Glen and participating facilities without obligation to me, use of any photographs, film footage, tape recordings which may include my (my child's) image or voice for the purposes of promoting The Golf School at Patriots Glen and participating facilities and it's programs. I, the undersigned for myself, my heirs and assigns, do hereby release The Golf School at Patriots Glen and participating facilities, employees, and agents from any and all claims of injury, death, loss or damage I (my child) may incur as a result of my (my child's) participation.

Signature: _____ Date: _____

Type of Payment (check only/ cash onsite)

CHECK #: _____ (Payable to JM Golf Services) Amount Enclosed: \$ _____

**Please return application and fee to: The Golf School at Patriots Glen
300 Patriots Way, Elkton, MD 21921**