

Pro Golf Academy Course & Event Registration Form

Please complete the following information and return it, with payment, to PGA at the address listed below.

Parental Information

Names: _____
Address: _____
City _____ State: TX Zip: _____
Home Phone: _____ Cell/Work: _____
Email: _____

Student Information (Complete Separate Form for Each Student)

Name: _____
Date of Birth: _____ Grade: _____ Sex: _____
Physical (Circle One) Right Handed / Left Handed Height: _____
Teachers Name: _____ (Please send note with child to teacher about participation in golf)
Prior Experience: _____

Your child's SAFETY is our #1 priority and we want you to be confident the professional staff of Pro Golf Academy takes this seriously. Please provide us with the following information for the protection of your child.
How is your child to be dismissed from Golf Class? Who will pick up child after the program? Where are they to go? List names of people authorized to pick up child & how released:

Dismissed **How:** _____ (i.e. PU = Parent Pickup; EC = Extended Care; WH = Walk Home)
Name: _____
Name: _____
Name: _____

List anyone not authorized to pick up your child:

Name: _____
Name: _____

Medical Emergency Information

I, the parent (or guardian) of the participant named above, give my permission for my child to receive emergency treatment, if necessary, as a result of their participation in the Pro Golf Academy program. It is understood that every effort will be made to contact me before taking this action.

In case of emergency contact:

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____
Child's Physician: _____ Phone: _____

Does your child have any special needs, allergies, routines or considerations? Please describe.

