

REGISTRATION FORM

Golfer's Name: _____ Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone: _____ Email: _____
 Person to contact in case of emergency:
 Name: _____ Relationship: _____ Phone: _____
 Are you registering with a friend? Yes No Friend's Name: _____
 Are there any medical problems/special medication/allergies that we should be aware of? Yes No
 If Yes - please specify: _____

Junior Camps (Half Day)

Age: _____ Sex: _____
 Camp Date: 1st Choice: _____
 2nd Choice: _____

\$379.00 + HST

After School Learn to Golf

Age: _____ Sex: _____
 1st Choice: _____
 2nd Choice: _____

Level 1-2 Level 3 Level 4

\$199.00 + HST \$229.00 + HST \$259.00 + HST

Junior Camps (Full Day)

Camp Date: 1st Choice: _____
 2nd Choice: _____

\$725.00 + HST

High Performance Camp

Age: _____ Sex: _____

June 28 - July 2 August 30 - Sept 3

\$925.00 + HST

Terms of enrollment for any camp, school or Clinic: A separate registration form is required for each golfer. For Junior camp, camps/classes/schools/ clinics/lessons; full amount is due with registration form, either filled out and paid online through our website and PayPal or in person or e-transfer. Refund of deposit will be made if Greg Salazar's Golf Academy, hereinafter known as GSGA, cannot accommodate your application due to lack of space. Money will not be refunded for missed days or classes and missed days or classes cannot be made up. If it is in the best interest and well being of all participants, a registrant could be asked to leave any program. It will be at the discretion of GSGA if any monies should be refunded on a pro-rated basis.

If a golfer has to cancel camp or class/school due to illness or injury, a doctor's note will be required for any refund to be advanced. A cancellation charge of \$75 may be waived at the discretion of GSGA. I/we indemnify GSGA from any and all claims for damages or injury arising from participation in any camp/class/school activities. GSGA will not be responsible for the loss of any personal property however caused. I/we have read and understand the terms of enrollment above and by signing below and paying a deposit which becomes part of this agreement, I agree to the terms and conditions set out above. Furthermore, I give full authority to the GSGA to act on my/our behalf in case of an emergency and to seek professional medical help if the need arises. I/we give our permission to use my likeness or child's likeness in any form of media including the internet and social media for publicity purposes and no other.

Signature: _____

Method of Payment

Cheque: (Payable to G.C.S. Golf) Cash:
 e-Transfer: sent to greg@salazargolfacademy.com
 Visa Mastercard

 Card Number Expiry CVV

 Name of Card Holder Signature of Card Holder

FOR OFFICE USE ONLY

Deposit _____ Cash
 Cheque # _____ Post Dated _____
 Visa Mastercard
 Balance _____ Cash
 Cheque # _____ Post Dated _____
 Visa Mastercard