

# ImPROve Golf Academy Junior Golf Program Registration Form

Please complete an application for EACH CHILD, cost is \$199

Childs Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City State Zip

School \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F

Name of Parent/Guardian \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Work # \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Does your child have any allergies or special needs? If so, please list below:

\_\_\_\_\_  
\_\_\_\_\_

Group your child with a fellow camper? Name: \_\_\_\_\_

Please indicate the camp(s) your child will be attending (25% off 2<sup>nd</sup> camp, 50% off 3<sup>rd</sup> camp)

1. \_\_\_ Tuesday, June 26th - Thursday, June 28th
2. \_\_\_ Wednesday, July 11th - Friday, July 13th
3. \_\_\_ Tuesday, July 31st - Thursday, August 2nd

TIME: All camps will run from 9:00am – 1:00pm.

We accept Cash or Check. Please make checks payable to:

**Michael Morschauer, PGA**  
**4858 Limehill Dr**  
**Syracuse, NY 13215**

**Payment in full is required at registration. To fulfill this registration, please send in this completed registration and waiver form along with your payment. Complete forms are necessary for each individual camper.**

# ImPROve Golf Academy Junior Golf Program Release and Waiver Form

Welcome to ImPROve Golf Academy. The purpose of this form is to inform you of your rights when participating in physical activity at ImPROve Golf Academy.

Any program of physical activity will involve a certain amount of strenuous exercise and personal risk.

Please provide on the bottom of this form, the name(s) and address(es) of person(s) to notify in the case of an emergency while your child is attending camp.

In consideration of the content of ImPROve Golf Academy, I hereby assume all risk of injury or damage to my property, whatever occurring, and however long said physical activity course may continue, and I hereby release the ImPROve Golf Academy, its officers, agents, or employees from any and all claims and demands or liabilities for any injury to my child, including death; or to my property in any way arising out of incidental activity course, except such injuries or damage caused solely by the gross negligence or willful misconduct of officers, agents, or employees of the facility.

**Please note:** ImPROve Golf Academy does not provide any insurance coverage for students enrolled in this program.

I have read and understand, the above information regarding my child's participation in the Junior Golf Camp program.

Parent Name \_\_\_\_\_  
Please Print

Signed by \_\_\_\_\_  
Parent/ Guardian Signature Date

Child's Name \_\_\_\_\_  
Please Print

## Emergency Contact During Camp Time-Must Complete

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_