



Junior Member Registration Information

Name: _____

Birthdate (d/m/y) _____ Age on June 30th _____ yrs.

Will Junior attend the Lesson/Clinic Program ? Yes _____ No _____

As a parent / guardian, would you like to volunteer as a group leader on Junior Clinic Days Yes _____ No _____

Golf Experience:

Beginner golfer (little or no experience)

Experienced golfer: # Years playing _____ Handicap _____

Parent/Guardian/Emergency Contact Information

Parent/Guardian Name(s) _____

Tel # _____ Tel #2 _____

Email #1 _____ Email #2 _____

Nova Scotia Health Card # _____

Existing Medical condition(s) _____

Consent to take to Emergency Department if cannot reach parent/guardian

Parent/Guardian Signature

Date

NOTE:

- Juniors aged 8 and under must be accompanied by a Parent/Guardian at all times.
- Juniors aged 12 and under must be accompanied by an adult while on the Golf Course.

If parents wish to run a charge account for their child, a valid Credit Card # must be provided.

Charges will be automatically applied to this credit card monthly. Credit Card info is not kept on file, and is destroyed once an account is created.

Credit Card Type: _____ CCV# _____ Card #: _____

Expiry: _____ Signature: _____