



# Spring 2010

## Player Application

Player Name \_\_\_\_\_  
Player Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Player Birthday \_\_\_\_\_ Age \_\_\_\_\_  
Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

**Please select the session you want:**

**Kidz-Golf**

Saturday 3:15/4:15 \_\_\_\_\_

**Junior Players**

Saturday 11:00/12:30 \_\_\_\_\_

**Tournament Players**

Saturday 9:00/10:45 \_\_\_\_\_

Saturday 1:30/3:00 \_\_\_\_\_

Sunday (Girls) 1:30/3:00 \_\_\_\_\_

Sunday 3:15/4:45 \_\_\_\_\_

**Fees:**

Annual Registration \$ 35.00 \_\_\_\_\_

Kidz-Golf 160.00 \_\_\_\_\_

Junior Players 215.00 \_\_\_\_\_

Tournament Players 275.00 \_\_\_\_\_

Total \_\_\_\_\_

**Mail To:**

Junior Players Club at Reunion

5609 Grand Reunion Dr

Hoschton, Ga. 30548

Parent's Names \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Do you play competitive Golf? \_\_\_\_\_

If so, where \_\_\_\_\_

If you don't play competitive golf, would you like to? \_\_\_\_\_

Favorite Tour Player \_\_\_\_\_

### Medical Release & Waiver

I, for Myself and the Child, hereby release The Junior Players Club, The Reunion Country Club and The Reunion Golf Academy, its employees, directors and owners from any and all liability for any event or consequence whatsoever in any way arising out of or relating to My Child's participation in the Junior Players Club or Reunion Golf Academy activities at the Reunion Country Club. The sole and singular exception of liability arising out of willful misconduct or bad faith. In case of an emergency during Junior Players Club or Golf Academy events, I authorize a qualified Medical Physician or Emergency Personnel to take all necessary measures in the treatment of my child.

Signatures verify acceptance of this waiver.

**Parent's Signature**      **Date**

**Player Signature**      **Date**

\_\_\_\_\_

\_\_\_\_\_