



# 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	Junior Players	Tournament Players
Saturday 3:15/4:15 _____	Saturday 11:00/12:30 _____	Saturday 9:00/10:45 _____
	Saturday 1:30/3:00 _____	
	Sunday (Girls) 1:30/3:00 _____	
	Sunday 3:15/4:45 _____	

Fees:

Annual Registration	\$ 45.00	_____
Kidz-Golf	160.00	_____
Junior Players	215.00	_____
Tournament Players	275.00	_____
Total		_____

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
_____	_____	_____	_____