

**JGA GOLF ACADEMY & FITTING CENTER at Harbor Pines GC
2010 JUNIOR GOLF PROGRAM**

Jr. GOLF REGISTRATION FORM

STUDENT _____ AGE _____ GENDER _____

BIRTHDATE _____ E-MAIL _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

PLEASE CHECK APPROPRIATE CATEGORY:

SKILL LEVEL: BEGINNER PLAYS OCCASIONALLY PLAYS OFTEN

ARE YOU A JR. MEMBER AT A GOLF COURSE? YES NO CLUB: _____

DO YOU WANT INFORMATION ABOUT JR. GOLF & FAMILY EVENTS? YES NO

PERSONAL AND MEDICAL INFORMATION

PARENT/GUARDIAN NAME _____

EMERGENCY NAME AND PHONE: _____

FAMILY PHYSICIAN _____ PHONE _____

MEDICAL INFORMATION (i.e. ALLERGIES, etc.) _____

I agree to strictly know and observe the USGA rules and etiquette of the golf course and in the clubhouse. These rules will be provided by the JGA Golf Academy & Fitting Center.

I understand that clinic participation/membership may be suspended or cancelled for willful disregard of the Rules and/or etiquette of golf or for dishonest or unsportsmanlike conduct.

DATE _____ APPLICANT'S SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

PLEASE RETURN TO:

JGA GOLF ACADEMY & FITTING CENTER at Harbor Pines Golf Club

Or Mail form to:

PO Box 72

Northfield, NJ 08225

609-374-1414

Email: johnpetronis@juniorgolfers.net

www.juniorgolfers.net