

The Falls Golf Club

Junior Program Registration

Junior Golfer _____ **Age** _____

Junior Golfer _____ **Age** _____

Parent Name _____

Address _____ **City, Zip** _____

Emergency Contact # _____

Email 1 _____

Email 2 _____

What program are you registering for:

After School Program Summer Camp

Summer Camp (1 Wed Advanced Class Only)

Beginner League Champions League

**In consideration of the child's participation in The Falls Junior Golf Program
guardian hereby releases The Falls and/or staff members from any and all liability associated
either with accidents or injuries sustained by the child in connection with the program**

Signature _____ **Date** _____