



2015 Clinic Program Registration Form

Applecross Golf Academy featuring Eric MacCluen Golf

Please PRINT clearly, complete form in its ENTIRETY & SIGN participation release!

Class Tracker	Dates / \$ Paid
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

Student: _____ **Adult:** **Junior (Age):** _____
**Please complete one form per student for each class or month. All forms & payments are due prior to the start of the class a student attends.*

Street: _____

City: _____ **State:** _____ **Zip:** _____

Primary #: _____ **Alternate #:** _____

Email: _____

Handicap (if applicable): _____ **Do you need Clubs?** Yes No **RH** **LH**

Little Linkster Playdate, Junior & Adult Clinic Program Fees:

(Refer to our website www.ericmaccluenagolf.com for all dates, days & times)

Little Linkster Playdates > Saturdays, 1 – 2pm **Clinic Date:** _____

Applecross Member \$20 **Applecross Guest \$25**

Individual Junior & Adult Clinics > **Clinic Date:** _____ **Time:** _____

Applecross Member \$30 **Applecross Guest \$35**

Junior & Adult Clinics by the month > **Month:** _____

**You must register & pre-pay to take advantage of the discounted classes each month. Forms & monthly payments are due prior to the start of the first class a student attends each month. If payment is not received at that time then that class will be charged the single class fee & the discount fee will apply toward all remaining classes attended in the month from the date of payment. Any balance for extra classes will be due at the end of the month. There are no refunds or carry over to the next month for any unused pre-paid classes due to the great savings offered.*

Monthly Discount Fees are Per Person >	<u>Applecross Member</u>	<u>Applecross Guest</u>
(4) Classes per Month:	<input type="checkbox"/> \$100 (\$25.00/ class, \$20 Savings)	<input type="checkbox"/> \$120 (\$30.00/ class, \$20 Savings)
(8) Classes per Month:	<input type="checkbox"/> \$150 (\$18.75/ class, \$90 Savings)	<input type="checkbox"/> \$190 (\$23.75/ class, \$90 Savings)
(12) Classes per Month:	<input type="checkbox"/> \$200 (\$16.67/ class, \$160 Savings)	<input type="checkbox"/> \$260 (\$21.67/ class, \$160 Savings)

Payment Method: Please complete all payment info. AND sign the release & waiver. (cash or check payments preferred)

CASH **ENTER CHECK #:** _____ (Make checks payable to Eric MacCluen Golf) **Fee Enclosed: \$** _____

Credit Card payment for the Junior & Adult Monthly Clinic Fees only: (A \$10 convenience fee applies to each Applecross Guest cc payment)

VISA **MC** **AMEX** **DISCOVER** **CC #:** _____ - _____ - _____

Exp.: _____ **Code:** _____ **Signature:** _____

Applecross Golf Program Release & Waiver of Liability, Assumption of Risk, and Indemnity & Parental Consent Agreement:

I hereby release and discharge Eric MacCluen Golf ("EMG") and Applecross Country Club ("ACC"), their agents, employees, staff members, directors and officers from any claims, responsibilities or liabilities for injuries as a result of my participation and/or my child's participation as a player or spectator in programs and activities at ACC. I fully understand that: these activities involve risks and dangers of serious bodily injury or death, ("Risks"); these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the activity, the condition in which the activity takes place, or the negligence of the "Releasee's named below; there may be other risk and social and economic losses either not known to me or readily or foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the minor in the Activity. I authorize EMG and ACC, their agents, employees, staff members, directors and officers to take whatever action is necessary, in their best judgment, in an emergency and I hereby release discharge EMG and ACC, their agents, employees, staff members, directors and officers from any responsibility or liability related thereto. I hereby grant EMG and ACC permission to use my and/ or my child's name, picture, or likeness in any printed media or any form of advertisement. I fully renounce any and all claims upon EMG and ACC for reimbursement for use of this material.

Applecross Country Club is a Private Golf Club and requires proper golf attire to be worn on the course, on the range, and at the Learning Center while participating in all golf activities. A collared shirt tucked in for men and boys is highly suggested. Sneakers are acceptable footwear. Please, NO T-shirts, tank tops, jeans, cargo pants/ shorts, or gym shorts are permitted on the course or practice facilities.

I have read & understand all the information presented in the Applecross Golf Program Participation Waiver above.

Signature: _____ **Date:** _____