



www.fraserviewgolfacademy.com
7800 Vivian Drive, Vancouver, BC V5S 2V8

PAYMENT METHOD

- M/C
 Visa
 Cheque
 AMEX
 Other - _____

Note: No GST - use tax exempt button at point of sale

***** STAFF PLEASE STAPLE RECEIPT HERE *****

RELEASE

I, the undersigned, understand and accept that there are inherent risks of injury involved in sport and recreation activities.

I voluntarily accept these risks and I hereby authorize any Fraserview Golf Academy (FGA) staff member or golf facility staff member to act for me according to their best judgement in an emergency requiring medical attention and hereby waive and release the staff from any and all liability for any injuries and illness incurred. I assume all risks of injury whatsoever and agree to hold harmless FGA facilities and programs from claim(s) of any nature arising from activity, including transportation connected with FGA.

I consent to the communication of information regarding my child's participation with FGA via the internet. I hereby give FGA and participating agencies permission to use file, videotape and/or photography for lawful promotional purposes. For safety reasons, discipline will be strict and violations of discipline could involve a call to a parent or guardian for arrangement for your junior to return home.

x.

Parent / Guardian Signature

x.

Print Name

Date



EMAIL: info@fraserviewgolfacademy.com

PHONE: 604-257-6925



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REGISTRATION FORM

Payment is due at the time of registration.

Please contact the Golf Shop either in-person, or 604-257-6925.

Program Name: _____

Program Start Date: _____

- New Participant
 Returning Participant

Child's Name: _____

Birth Date: _____ Age: _____ M/F: _____

Grade in School: _____ Height (inches): _____

Has Own Clubs: Needs Clubs:

Right Hand Swing: Left Hand Swing:

Food Allergies: _____

Insect Sting Allergies: _____

Medical Conditions: _____

Parent / Guardian

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: # 1 _____

Phone: # 2 _____

Email: _____

Emergency Contact

Name: _____

Relationship: _____ Phone: _____