



Registration – HIT AWAY GOLF, Inc.

CHILDS NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE: (HOME) _____ (CELL) _____

EMAIL _____ AGE (during camp) _____ BIRTHDAY _____

TRACK _____ DATES OF CAMP _____

PARENTS NAME (print) _____

Consent to Participate

I understand that participation in this golf camp involves risk of injury. I agree to follow all the rules, procedures, and instructions of the camp. I agree to waive any legal rights I may have to seek payment of any kind from Hit Away Golf, Inc for bodily injury. I assume all the risks, hazards, and incidental expenses to such participation, including transportation to and from activities. I hereby waive, resolve, release, indemnify and agree to hold Hit Away Golf, inc. harmless from any injury to my son/daughter whether negligence or another cause. In the event one parent executes this agreement, the signor acknowledges he/she is acting as agent of the other parent with authority to enroll this child in this program and to execute this agreement on his/her behalf.

Parent/Guardian Authorization (signature) _____

Emergency Contact _____

Emergency Contact Phone _____

DATE RECEIVED (*Internal use only*) _____