



Future Links Junior Golf Registration

Juniors Name: _____ **Age:** _____

Parents Name: _____ **Home#:** _____ **Work #** _____

Address: _____

E-mail: _____

School: _____ **Grade:** _____

Golf Skill level: *Beginner / Intermediate / Advanced*

Previous Junior Clinic/Camp experience Yes / No **Year:** _____

Facility: _____

Do you need golf clubs: yes / no **If yes:** left / right

Special Instructions: (allergies, medical concerns etc.)

Emergency Contact: _____ **Phone #:** _____

Clinic or Camp Selected: _____ **Alternate choice:** _____

Method of Payment: visa / mastercard / amex / cheque

Credit Card#: _____ **Expiry date:** _____

Name on Credit Card: _____

**Make cheques payable to: The Links at Montague*

The applicant agrees that the Links at Montague and/or its staff will not be held responsible for any accident or loss however caused, and agrees to release the aforementioned from all claims or damage which may arise as a result of said accidents or loss. In the event of inability to contact me, I hereby give the permission to seek any necessary medical assistance my child may require while attending the clinics or camps. This form must be signed or the application is invalid.

X _____
Signature of Parent or Legal Guardian

Dated: _____

Return, Mail or Fax registration to:

The Links at Montague
222 Montague Rd.
Dartmouth, NS
B2W – 3P5
Fax: (902) 433-3334
Phone: (902) 433-3332