

**STUDENT INFORMATION**

Golfer \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent(s) \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cellular # \_\_\_\_\_ City \_\_\_\_\_  
Handicap \_\_\_\_\_ Zip \_\_\_\_\_  
Gender M F E-mail \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_

Does the applicant have any health problems that may limit physical activity? If Yes, please explain \_\_\_\_\_

Is the applicant currently under the care of a Physician? If Yes, please explain \_\_\_\_\_

Is the applicant on any medication program? If Yes, please explain \_\_\_\_\_

Is the applicant allergic to any food or have any other food restrictions? If Yes, please explain \_\_\_\_\_

**FAMILY INFORMATION**

Parent (Guardian) Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Home # \_\_\_\_\_ Business # \_\_\_\_\_ Cellular # \_\_\_\_\_

Who is to be contacted in case of emergency?

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**PAYMENT INFORMATION**

Business or Personal Check # \_\_\_\_\_ Amount (\$) \_\_\_\_\_

If paying the registration fee by credit card, I authorize The Gold Coast Golf Center to charge my credit card.

Credit Card (circle one) - Visa MasterCard Card # \_\_\_\_\_  
Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_  
Amount authorized to be charged in dollars (\$) \_\_\_\_\_

**STATEMENT OF AGREEMENT**

I have fully read and understand the foregoing two pages (2). By signing below, I certify the information provided on all pages of this registration is accurate and true to the best of my knowledge. If accepted, I and the participant agree to abide by the Academy Code of Conduct, including:

- Refrain from the use of alcohol, tobacco or illegal drugs:
- Treat other participants, the staff and all people associated with this program with courtesy, dignity, respect and to refrain from language or conduct which may bring myself into disrepute:
- Follow the rules of good sportsmanship, and comply with any course dress code;
- Apply myself with diligence and dedication to become the best student, athlete, and person I can be.

Name of Parent or Guardian (Type or Print) \_\_\_\_\_  
Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Received by: \_\_\_\_\_ Date \_\_\_\_\_