



# Interbay's Junior Golf Camps Summer 2005

## Registration Form

Junior's First Name:		
Junior's Last Name:		
Address:		Apt #:
City:	State:	Zip:
Home Phone:		
Parent's First Name & Work Phone:		
Birth Date:	Age:	Sex:
E-Mail:	Receipt #:	Camp #:

Parent(s), please read and sign the following:

I agree to abide by the rules and policies established by Interbay Golf Center, LLC. If my child or myself fails to do so, my child will not be allowed to participate. I will not hold IGC, its officers, instructors or staff responsible for any accidents or injuries occurring as a result of activities sponsored or directed by IGC. I give permission to IGC or its representatives to obtain emergency medical attention for my child if I am not available for consultation at the time of injury.

Signature:	
Date:	Emergency Phone #:
Alternate Contact:	Phone #:

Payment must be received with registration