

Marianjoy's Golf Clinics for Kids!

REGISTRATION FORM

PLEASE NOTE: A completed Registration Form and signed Physician Release are required for each golfer.

Child's Name: _____ Child's Age: _____

Address: _____

City/State/Zip _____

Phone Number: _____ email _____

Please describe your child's physical disability: _____

Emergency contact with phone number: _____

CLINIC DATES All clinics are held on Thursdays and meet at the Cantigny Golf Club in Wheaton.

I would like to register my child for all six clinics for \$70.00 (includes July 27 Grand Finale Course Event)

I would like to register my child for the following clinics at \$15 per clinic:

May 25 (meets from 6:30 to 7:45 pm) **Meets 6:00 to 7:15 pm:** **June 8** **June 22** **July 6** **July 20**

July 27 Grand Finale Course Event meets from 6:00 to 7:30 pm Cantigny's Youth Links, Wheaton
(Rain date August 3, 2017. Child must have attended three clinics to be eligible to participate in this event)

Will your child need clubs? No Yes (Circle one): Right-handed or Left-handed Child's height _____

Is your child able to stand independently? Yes No

If no, please describe assistance needed: _____

Will golfer be playing at wheelchair level? Yes No

Is your child able to use both arms? Yes No (Circle stronger side): Right Left

Does your child have dietary restrictions/allergies? _____

Does your child have previous golf experience? _____

To help us make this a positive and beneficial experience for your child, please include an other information/comments you feel would be important for us to know about him/her:

REGISTRATION QUESTIONS? Phone 630.909.6010 or visit www.Marianjoy.org

MAIL REGISTRATION: Mail signed physician release and completed registration form with check to:

Marianjoy Rehabilitation Hospital • 26W171 Roosevelt Road • Wheaton, IL 60187 • Attn: Tracy Ekstrom

Check enclosed payable to "MARIANJOY REHABILITATION HOSPITAL"

Please charge my credit card: Visa Mastercard Amex Discover

Account Number _____ Exp. Date _____ CVV _____

Name on Card _____ Signature _____

FAX REGISTRATION FORM (FRONT AND BACK SIDES) AND PHYSICIAN'S RELEASE TO: 630.909.8411

COMPLETE ADDITIONAL RELEASE INFORMATION ON THE BACK SIDE OF THIS FORM

Marianjoy's Golf Clinics for Kids!

Parent/Guardian/Caregiver Consent

I hereby grant permission for my child's photo to be taken and used for publicity purposes related to Marianjoy.

Parent/Guardian/Caregiver's Signature _____

Date _____

I do hereby authorize the associates of Marianjoy to act for my child according to their best judgment and ability. I release and will not hold Marianjoy or any of their associates or agents responsible for any liability arising from participation in their programs or outings. I understand that Marianjoy does not carry medical insurance for participants.

Parent/Guardian's Signature _____

Date _____