

**2019 OPERATION 36 – REGISTRATION
PLAYERS ACADEMY 1
GOLF CLUB OF DUBLIN – DUBLIN, OH
PRESENTED BY MIKE CROTTY-PGA GOLF PROFESSIONAL-614-581-4463**

Student's Name _____ **M** ___ **F** ___ **Right** ___ **Left** ___ **Handed**

Address _____ **City** _____ **St** _____ **Zip** _____

Birth Date ___/___/___ **Phone** ___/___/___ **Cell** ___/___/___

Parents/Guardians _____

Email Address _____ **Yrs. of Experience** _____

PLEASE CHECK DESIRED SESSIONS:

_____ **PLAYERS ACADEMY 1** **\$360**
AGE 10-17 12 WEEKS CLASS SIZE MAX. 6 MIN. 4 SATURDAYS 10-11:00
MAY 11 – MAY 18 – MAY 25 – JUNE 1 – JUNE 8 – JUNE 15
JUNE 22 – JUNE 29 – JULY 6 – JULY 13 – JULY 20 – JULY 27

_____ **PLAYING & PRACTICE** **\$240**
PLAYING TIME 6 TIMES MONDAYS START 12:00
GLENROSS GOLF COURSE
JUNE 10 – JUNE 17 – JUNE 24 – JULY 15 – JULY 22 – JULY 29

PRACTICE 6 TIMES TUESDAYS 4:00
GOLF CLUB OF DUBLIN
JUNE 18 – JUNE 25 – JULY 2 – JULY 16 – JULY 23 – JULY 30

Total Enclosed \$ _____ **PLEASE MAKE CHECK PAYABLE TO – MIKE CROTTY**
MAIL TO – P. O. BOX 333, MARYSVILLE, OH 43040 DO NOT MAIL OR MAKE PAYMENT TO
GOLF CLUB OF DUBLIN!

*****THERE ARE NO REFUNDS FOR ALL GOLF PROGRAMS. NO MAKE UP DAYS ARE AVAILABLE!! (no vacations, family things, sickness)**

Waiver:

This is to certify that I, as a parent/guardian with legal responsibility for my minor child or ward, acknowledge that my child or ward, will be engaged in activities that involve risk of injury at GC of Dublin, and that I do recognize and assume that risk, whether foreseeable or not reasonably foreseeable on be half of my child or ward, and consent on behalf of my child or ward, in connection with participation in activities of recreation and instruction at GC of Dublin. On behalf of my child or ward and his/her legal representatives, I hereby release and agree to indemnity of GC of Dublin, their affiliates, administrators, directors, agents, coaches, and their employees, other participants, and sponsor agencies, from any and all claims and damages instituting or arising out of my minor child's or ward's involvement or participation in the programs at GC of Dublin. I do hereby authorize GC of Dublin and its assigns to utilize any and all photographs, pictures, or likenesses of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials, including electronic media.

Parent/Guardian

Signature _____ **Date** _____

MUST HAVE REGISTRATION & FEE TO MAKE SURE YOU HAVE A PLACE. SUBJECT TO AVAILABILITY!!

MAIL TO: MIKE CROTTY - P. O. BOX 333 - MARYSVILLE, Oh 43040 Mike Crotty 614-581-4463