



mission hills
Country Club

Junior Advancement Program

JUNIOR ADVANCEMENT PROGRAM REGISTRATION FORM

➡ FORM MUST BE COMPLETED IN FULL AND SIGNED PRIOR TO START

Student Name: _____ Age: _____ Date of Birth: _____ Male Female

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone#: _____

Parent(s) / Guardian(s) Name: _____

Other than parent, who is allowed to pick up your child? _____

Emergency Contact: _____ Emergency Phone#: _____

School: _____ Grade Level: _____

MEDICAL WAIVER

Do you consent to **Basic First Aid** (topical treatment) being given for insect bites and minor/scrapes? YES NO

Are there any **SPECIAL MEDICAL CONDITIONS** we should be aware of? YES NO

If YES, please list any and all conditions, including ALLERGIES:

Please provide any INSTRUCTIONS related to the medical condition:

**** If child carries an EpiPen or inhaler, you **must** provide a medical clearance form and provide written instructions.

JUNIOR & PARENT CONDUCT GUIDELINES

Understand the following will NOT be tolerated:

- Vandalism
- Use of alcohol, or illegal drugs or gambling
- Abusive language or profanity, physical altercations
- Displays of temper involving throwing or slamming equipment
- Abuse of club facilities
- Poor golf etiquette, cheating or breach of the USGA rules of golf
- Use of golf carts without driver's license

In Addition:

- Parents must arrive 30 minutes before the start and end of each program
- Follow check-in and pick-up procedures

Any breach of the guidelines on conduct will result in:

1st Offense - Verbal warning

2nd Offense - Written warning & parent consultation

3rd Offense - Dismissal from all junior programs

Full Refund: Cancel 14 days prior to start of level or doctor's note

Loss of Deposit: Cancel within 14 days of start date

No Refunds: Cancel 48 hours within start date and/or dismissal of student per conduct guidelines.

Liability Waiver Information: For the current and for all/any future programs, I, the participant, parent or legal guardian of a participant, grant permission to participate in this program and represent that he/she is physically able to participate and assume the risk of participation in this program. I hereby and agree to hold Mission Hills Country Club/Golf Academy, its agents, affiliates, designers, employees, and independent/ sub-contractors, board of directors free and harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, due to their acts, errors or emissions resulting in bodily injury, including death, or damage to any property incident to or in connection with my participation in this program.

Photo Release: I hereby grant permission to use photographs/video of me and/or my child captured during regular and special activities to promote Mission Hills Country Club, promotional printed materials, live and recorded transmissions, informational displays, website, slide presentations, etc., and waive any rights of compensation or ownership thereto, in connections therewith, with my signature, I release Mission Hills Country Club and their agents, affiliates, employees from any and all claims and causes of action for circumstances resulting from use of photographs and/or statements.

*I authorize any medical assistance that may be required for the above-mentioned child during my absence.

Your signature below acknowledges your agreement to adhere to the above cancelation, liability, medical, photo release and conduct guidelines. Parents are responsible for updating any changes and resubmitting Medical Waiver Form as needed.

Parent Signature: _____ Date: _____