



Registration Form 2018



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|---------------------|--------------------|
| Students First Name | Students Last Name |
| Age of Student | Students Birthday |
| Phone # Student | Email Student |

| | | |
|----------------------------|-----------|-----|
| Parent/Guardian First Name | Last Name | |
| Address | | |
| City | State | Zip |
| Best Phone | Email | |
| Relationship to Student | | |

| | |
|-------------------|-------------|
| Emergency Contact | |
| First Name | Last Name |
| Best Phone | Other Phone |
| Email | |

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|--|---|
| <u>Please Indicate Session Registering (Circle)</u> | Notes to Matt |
| Summer Beginner Program (5-9) - \$110 | Does student need golf clubs for classes? |
| Summer Beginner Program (10-17) - \$110 | |
| Summer Intermediate Program - \$125 | Right or Left Handed? |
| Fall Beginner Program (5-9) - \$110 | (3) ways to register and pay: Online at www.mattcampbellgolf.com |
| Fall Beginner Program (10-17) - \$110 | |
| Fall Intermediate Program - \$125 | |
| Online Registration and Payment Preferred if Possible | |
| In case of emergency are there any physical or medical conditions of which we should be aware (i.e.; allergies to medicines or insects. Etc.....?) | Drop off at pro shop. Pro Shop will not process credit cards |
| | Mail to Matt Campbell at address listed below |
| | Make Checks Payable to: Matt Campbell Mail to: 249 Main Ave SE Suite 107 PMB #153 North Bend, WA 98045 |

Release of Liability

I understand and am aware that golf is a hazardous activity and that there is a certain risk of injury to the player. I agree to release Twin Rivers Golf Course Inc. its agents and employees, from any and all responsibility or liability for injuries or damages to the above named student or any other person. I agree not to make a claim against or sue Twin Rivers Golf Course Inc. its agents or employees for injuries or damages relating to golf or use of golf equipment. I agree to release Twin Rivers Golf Course Inc. from any such responsibility, whether it results from any negligence or other liability arising out of the use of Twin Rivers Golf Course Inc.'s equipment or premises or services.

I agree to accept the terms of this agreement in consideration for being able to use these services and equipment and premises. This document constitutes the final and entire agreement between Twin Rivers Golf Course, Inc. its agents and employees and the undersigned.

Signature of Parent or Guardian:

Date: