



Coach Greg Jones
Total Performance Golf Coaching
JonesieGolf.com

Complete form and email to: greg@jonesiegolf.com

Adult Golf Package Registration Form

Golfer's Name Employment Gender DOB Shirt Size

Address

Contact Info: Primary Phone: Alternate:

Email:

Emergency Contact: Phone:

Which Jonesie Golf Package: 3-Month Performance 3-Month Scholarship Track 12-Month Performance 12-Month Tour

Please circle days you cannot meet: Monday Tuesday Wednesday Thursday Friday Saturday Sunday Available Any Day

Special Requests:

How did you hear about Jonesie Golf Packages?

I hereby register to participate in the Jonesie Golf Total Performance Coaching Program. Note: This form must be completed for each package, each time a new package is purchased.

Assumption of Risk: I acknowledge and understand that there is a risk of injury involved in athletic participation. I understand that I will be under the direction of Coach Greg Jones and/ or a representative of Jonesie Golf. I agree that I will follow the rules for the sport and the instructions of the coach in order to reduce the risk of injury to myself and other athletes. However, I acknowledge and understand that neither Coach Greg Jones nor any representative of Jonesie Golf can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. I freely, knowingly and willfully accept and assume the risk of injury that might occur from my participation in athletics.

Release: In consideration of Coach Greg Jones and representatives of Jonesie Golf allowing me to participate in coached athletics, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of myself and any legal partner or relationship, Greg Jones, Devaney Jones, Jonesie Golf and their respective volunteer coaches, officials, agents, employees, directors, members, officers and other staff members from liability to me/ us, as well as my/ our personal representatives, assigns, heirs and next of kin, for any and all claims, suits or causes of action arising from or out of any injury, known or unknown, to property or body that I may suffer from participation in Jonesie Golf instruction and coaching related athletics, or activities.

Photographs: Photographs will occasionally be taken during the sports activities. By signing this registration form, I consent to the use of photos of me for displays, brochures, and promotion materials (including digital forums) with no compensation to me or my legal partner or other heirs.

Certification of Fitness and Medical Authorization: I, the undersigned, hereby certify that to the best of my knowledge, I am physically able to safely participate in the sports activity for which I am registered. In addition, I understand that in the case of the illness or injury, Coach Greg Jones or a representative of Jonesie Golf will try to notify my emergency contact listed on this form. In the event of medical emergency at a time when my emergency contact person cannot be notified, I hereby authorize Coach Greg Jones or his representative to obtain the necessary medical care and/or treatment for me if I am incapacitated and unable to make medical decisions, including but not limited to first aid, X-ray examinations, and aesthetic medical or surgical diagnosis or treatment or hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or treatment. I agree to notify my emergency medical contact of my session schedule.

Name of Health Insurance Company Insurance policy #:

Participant Signature

Participant Name

Date