



Coach Greg Jones
Total Performance Golf Coaching

JonesieGolf.com

greg@jonesiegolf.com

Youth Golf Package Registration Form

Golfer's Name What School Next Yr? Gender DOB Shirt Size

Address

Mom: Primary Phone: Alternate: DOB:

Dad: Primary Phone: Alternate: DOB:

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?

Request for Permission: I, the above referenced youth athlete's parent/guardian, hereby register my minor child 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 my minor child will be under the supervision and direction of Coach Greg Jones and/ or a representative of Jonesie Golf. I agree that I will instruct and enforce with my minor child that he/ she will follow the rules for the sport and the instructions of the coach in order to reduce the risk of injury to my minor child 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 minor child's participation in youth athletics.

Release: In consideration of Coach Greg Jones and representatives of Jonesie Golf allowing my minor child to participate in youth athletics, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of myself and any other parent or guardian of my child, Greg Jones, Devaney Jones, Jonesie Golf and their respective volunteer coaches, officials, agents, employees, directors, members, officers and other staff members from liability to us and our minor child, as well as 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 my minor child may suffer from participation in Jonesie Golf instruction and coaching related athletics, or activities.

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

Transportation: Parents are responsible for providing transportation for their minor child to and from all sessions and activities.

Certification of Child's Fitness and Medical Authorization: I, the undersigned, hereby certify that to the best of my knowledge, my minor child is physically able to safely participate in the sports activity for which he or she has been registered. In addition, I understand that in the case of the illness or injury of my child Coach Greg Jones or a representative of Jonesie Golf will try to notify me or the emergency contact listed on this form. In the event of medical emergency concerning my child at a time when either I or the 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 my minor child, 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 remain reasonably available by phone during my child's coaching sessions. Name of Health Insurance Company Insurance policy #:

Parent/Guardian Signature

Parent/Guardian Name

Date