



BARRIE SPORTS DOME

Indoor Golf Clinic

99 Hanmer St. E. (behind Toy's 'R' Us)
Phone: 705-728-8030 Fax: 705-728-6947
www.barriesportsdome.com

INDOOR GOLF CLINIC REGISTRATION

ADULT

JUNIOR

First Name: _____ Last Name: _____ D.O.B. _____

Address: _____ City: _____

Postal Code: _____ Gender: Male Female (circle)

Home Phone: _____ Business Phone: _____

Fax/Email _____

Parent/Guardian Mother: _____ Phone: _____

(If under 18) Fa- ther: _____

Phone: _____ Emergency **FEES** Contact: _____

Please make cheques payable to BARRIE SPORTS DOME.
JUNIOR—\$ 80.00 + HST = \$90.40
ADULT—\$100.00 + HST = \$113.00

FEE PAID \$ _____ Date: ___/___/___ CASH, CHEQUE, DEBIT (circle)

There will be a \$25.00 Processing Fee for all Returned Cheques

PLEASE REGISTER AT THE DOME 9AM-11PM 7 DAYS A WEEK

PLAYER & PARENT/GUARDIAN WAIVER & MEDICAL PERMISSION

If in the event of an injury which appears to be serious at an activity sanctioned by the Barrie Sport Dome Indoor Soccer Club and during which the parent or guardian is not in attendance and cannot be reached by phone, the coach or other persons supervising the activity may authorize medical attention by qualified persons.

Doctor: _____ Telephone: _____ Allergies _____

In consideration of playing or permitting the above named player to participate in the Barrie Sports Dome Indoor golf clinics, we agree to hold the aforementioned club, their members & officials, harmless from all claims for damage, injuries or losses, however caused, whether by negligence or otherwise.

Signature: _____ Print Name _____ Date: _____

[A parent of guardian must sign for players under the age of 18]