

2017 Program Registration Form

Applecross Golf Academy *featuring* Eric MacCluen

Please PRINT clearly, complete the form in its ENTIRETY & SIGN participation waiver!



Student*: _____ Adult Junior (Age) _____

*Complete one form per class for each student in attendance or complete one form per each student for the monthly program.

Street _____ City _____ State _____ Zip _____

Primary Phone # _____ Alternate Phone # _____ Email _____

Do you need to borrow clubs? Yes No RH LH Handicap (if applicable) _____

Linkster Playdates, Adult & Junior Clinics and Short Game Sessions

(Please refer to our website www.ericmaccluen.com for all dates, days & times)

Little Linkster Playdates: Single Clinic Date _____ Time _____ Member \$25 Guest \$30

Junior & Adult Clinics: Single Clinic Date _____ Time _____ Member \$35 Guest \$40

Junior & Adult Clinics by the month: Month _____ Number of Clinics to Attend _____

* All students must register & pre-pay to take advantage of the discounted classes each month. Forms & monthly payments are due prior to the first class that a student attends each month. If payment is not received at that time then that class will be charged the single class fee. The discounted fees will only apply toward classes from the date of payment until the last day of the month. Any balance for additional classes attended in a month will be due at the end of that month and will be charged the same discounted rate per class as the original payment. There are no refunds or carry over to the next month for any unused pre-paid classes due to the great savings offered.

Monthly Discounted Fees are Per Person Rates Only:

(4) Classes per Month (approx. 1 class/ week)

Applecross Member

\$120 (\$30/ class, \$20 Savings)

Applecross Guest

\$140 (\$35/ class, \$20 Savings)

(8) Classes per Month (approx. 2 classes/ week)

\$200 (\$25/ class, \$80 Savings)

\$240 (\$30/ class, \$80 Savings)

Short Game Sessions: Single Session Date _____ Time _____

Jr. Member \$25 Jr. Guest \$30 Adult Member \$30 Adult Guest \$35

Payment: Please complete all relevant payment information AND sign the release & waiver. Cash or check payments preferred. Check payments returned due to insufficient funds will be automatically assessed the original amount plus a \$25 bounced check fee. *An additional 4% processing fee applies to each Applecross Guest when paying by credit card. Members paying by credit card must provide all credit card information (please do not write card on file).

Cash: Enter Check #: _____ (Check payable to Eric MacCluen Golf LLC) Amount Enclosed: _____

Credit Card Information*: Card Holder Name (print): _____

Visa MC Credit Card #: _____ - _____ - _____ Expiration: _____

Billing Street: _____ Billing Zip: _____ CVC Code: _____

Signature: _____ Date: _____ Charge Amount: _____

Applecross Golf Program Release & Waiver of Liability, Assumption of Risk, and Indemnity & Parental Consent Agreement:

I hereby release and discharge Eric MacCluen Golf ("EMG") and Applecross Country Club ("ACC"), their agents, employees, staff members, directors and officers from any claims, responsibilities or liabilities for injuries as a result of my participation and/or my child's participation as a player or spectator in programs and activities at ACC. I fully understand that: these activities involve risks and dangers of serious bodily injury or death, ("Risks"); these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the activity, the condition in which the activity takes place, or the negligence of the "Releasee's named below; there may be other risk and social and economic losses either not known to me or readily or foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the minor in the Activity. I authorize EMG and ACC, their agents, employees, staff members, directors and officers to take whatever action is necessary, in their best judgment, in an emergency and I hereby release discharge EMG and ACC, their agents, employees, staff members, directors and officers from any responsibility or liability related thereto. I hereby grant EMG and ACC permission to use my and/ or my child's name, picture, or likeness in any printed media or any form of advertisement. I fully renounce any and all claims upon EMG and ACC for reimbursement for use of this material.

Applecross Country Club is a Private Golf Club and requires proper golf attire to be worn on the course, on the range, and at the Learning Center while participating in all golf activities. A collared shirt tucked in for men and boys is highly suggested. Sneakers are acceptable footwear. Please, NO T-shirts, tank tops, jeans, cargo pants/ shorts, or gym shorts are permitted on the course or practice facilities.

I have read & understand all the information presented in the Applecross Golf Program Participation Waiver above.

Signature _____ Date _____