

Applecross Golf Academy Registration Form 2019 Boys & Girls Weekend Travel Golf League

Please complete one registration form per player. Please PRINT CLEARLY!

Player Name: _____ Age: _____ M / F

Street: _____

City, State, Zip: _____

Primary Contact Name: _____ Contact #2 Name: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

- Beginner Boys and Girls Travel Golf League for Age Groups 7-9 and 10-14. Open to the first 40 registrants.
- Matches are a combined Team Scramble/Individual Format.
- Tee times will begin late afternoon & determined by the host facility. You will be notified of location & time prior to event.
- Travel Golf League fees include: Golf fees for 6 League matches, 1 Parent/Child event, and a golfer's gift.
- Cart fees at all events are an additional charge by the host course and are to be paid in the pro shop of that facility.
- Player development practices are available Wednesdays or Fridays at 6:00pm; (8) clinics, once per week before matches.
- Practices are recommended but optional and are an additional fee. One parent may join in practices at no extra charge.
- The October 27th date is a Parent/Child event. Please choose 1 of the two times available to play with your child.

Player Development Practice Schedule (Optional): Choose to attend Wednesdays <i>or</i> Fridays.			Travel League Match Schedule: Hosting facilities will be determined shortly!
Clinic #1:	Wed, September 4 th	Fri, September 6 th	-----
Clinic #2:	Wed, September 11 th	Fri, September 13 th	Match #1: Sunday, September 15 th @ Waltz Golf Farm
Clinic #3:	Wed, September 18 th	Fri, September 20 th	Match #2: Sunday, September 22 nd @ Downingtown CC
Clinic #4:	Wed, September 25 th	Fri, September 27 th	Match #3: Sunday, September 29 th @ Applecross CC
Clinic #5:	Wed, October 2 nd	Fri, October 4 th	Match #4: Sunday, October 6 th @ Applecross CC
Clinic #6:	Wed, October 9 th	Fri, October 11 th	Match #5: Sunday, October 13 th @ Downingtown CC
Clinic #7:	Wed, October 16 th	Fri, October 18 th	Match #6: Sunday, October 20 th @ Downingtown CC
Clinic #8:	Wed, October 23 rd	Fri, October 25 th	Parent/Child Event: Sunday, Oct. 27 th @ Waltz Golf Farm
Travel Golf League Match Fees:		Player Development Practice Fees (Optional):	
	Applecross Member: \$275		Applecross Member: + \$250
	Applecross Guest: \$295		Applecross Guest: + \$250

Please complete all fields below ...

Travel Golf League Match Fees: Applecross Member \$275 Applecross Guest \$295

Player Development Practice Fees: (8) Clinics \$250 Choose Day: Wednesday or Friday

Choose your Parent/Child event time on October 27th: 2:00pm or 3:45pm

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

Total Amount Enclosed: _____ Payment Date: _____

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

I hereby release and discharge Eric MacCluen Golf LLC ("EMG LLC") 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 LLC 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 LLC and ACC, their agents, employees, staff members, directors and officers from any responsibility or liability related thereto. I hereby grant EMG LLC 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 LLC 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. 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 & agree to all the information presented in the Applecross Golf Program Participation Waiver above.

Parent's Signature: _____ Date: _____

Submit registration forms with payment to the Applecross pro shop in an envelope marked "Travel League, Attn: Eric MacCluen" or mail to: Eric MacCluen Golf LLC, 824 Tremont Drive, Downingtown, PA 19335. Full payment must accompany all registration forms to be enrolled.