



MGA Golf Coaching Centre
385 Centre Dandenong Road, Heatherton

Junior Golf Program - Registration Form

CHILDS DETAILS

First Name

Surname

Age Clinic Day & Time

Golf History Beginner/Experienced Left/Right Hand

PARENT/GUARDIAN DETAILS

First Name

Surname

Address

State Postcode

Contact Number

Email Address

I, the parent/guardian of the above youth, hereby give my consent to his/her participation in the MGA junior clinic. I hereby release MGA, all coaches, volunteers, advisors and sponsors from any and all liability in connection with his/her participation related thereto. I understand that there is a standard of conduct which is requested from all children. In case of emergency occurring, I the parent/guardian authorize a qualified medical doctor to take all necessary measures in the treatment of my child.

Signature

Date

The completed registration form can be left with MGA reception. Thank you.