



# 2020 Seven Lakes Junior Golf Academy

3600 Seven Lakes Drive, LaSalle, ON N9H 0E5 • Ph.: (519) 972-1177 • Fax: (519) 972-1290

Please return completed applications to the address listed above, or email  
Dave Findlay, PGA of Canada Head Professional at [dfindlay@meoassociates.com](mailto:dfindlay@meoassociates.com)

## SUMMER PROGRAM APPLICATION: 5 WEEK PROGRAM

Dates: June 29 - July 27

Please check your preference:

Option #1: ONE DAY PER WEEK Cost: \$205 + HST		Option #2: TWO DAYS PER WEEK Cost: \$285 + HST	
<b>Ages 8-14</b> <input type="checkbox"/> Monday 9 AM	<b>Ages 5-7</b> <input type="checkbox"/> Friday 9 AM	<b>Ages 8-14</b> <input type="checkbox"/> Monday & Wednesday 10 AM	
<input type="checkbox"/> Tuesday 9 AM		<input type="checkbox"/> Monday & Wednesday 11 AM	
<input type="checkbox"/> Wednesday 9 AM	<b>Player's Academy Ages 15-17</b> <input type="checkbox"/> Tuesday 12 PM	<input type="checkbox"/> Tuesday & Thursday 10 AM	
<input type="checkbox"/> Thursday 9 AM		<input type="checkbox"/> Tuesday & Thursday 11 AM	

### PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Gender: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Parent / Guardian Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_

### PAYMENT METHOD

Cash     Cheque     Visa     Mastercard

Credit Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_  
 Cardholder Name: \_\_\_\_\_  
 Cardholder Signature: \_\_\_\_\_

### Waiver of Liability:

I understand that in the case of injury or any medical emergency and in the event that parents/guardians cannot be contacted, Seven Lakes Golf Course personnel have my permission to admit my child to the hospital if they deem it necessary. Also, I will in no way hold Seven Lakes Golf Course, their affiliates, subsidiaries, or any person connected with the academy responsible or liable for any injury or loss of equipment that may occur to the participant during this academy. I grant Seven Lakes Golf Course permission to use photographs or video of my child taken at the academy for use in promotions or related marketing material.

Signature of Parent / Guardian: **X** \_\_\_\_\_  
Date: \_\_\_\_\_