

# 2024 Adult Golf Program Registration Form

for the **Applecross Golf Academy** featuring **Eric MacCluen**

Please PRINT clearly. Complete each section, and be sure to initial, SIGN & DATE participation waiver!



Name \_\_\_\_\_

Complete one form per student for each 5-Clinic Top Tracer Package or complete one form per student for up to 3 individual clinics you attend.

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

## Adult Golf Clinics

**Friday, Happy Hour Clinics @ 6:00 – 7:15pm** and **Saturday, Early Start Clinics @ 8:00 – 9:15am**

**5-Clinic Package\*: \$200** (\$50 savings = 1 FREE Clinic)

Dates Registered: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, FREE \_\_\_\_\_

**Individual Clinics @ \$50** each x \_\_\_\_\_

Date(s) Registered: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**\*Students must submit a completed registration form & pay in advance of each 5-clinic package to take advantage of the discounted program rate.** If payment is not received by the first class, then each class attended will be charged the single clinic rate of \$50. The prorated amount of \$40/ class will then apply toward only the remaining classes of the 5-clinic package from the date of payment. When purchasing a 5-clinic package, **all clinics must be completed by the end of the 2024 season. There are no refunds or carry over to next season due to the savings offered, NO exceptions!**

**Cash/ Check payments:** Provide cash or check information below. All checks returned due to insufficient funds will be assessed a \$30 returned check fee along with the original amount, due immediately.

**Cash**     **Check No.:** \_\_\_\_\_ (Check payable to **Eric MacCluen Golf LLC**)    **Cash/ Check Amount: \$** \_\_\_\_\_

**Credit Card payments:** Complete credit card information below and please print clearly. All program rates listed are "Discounted Cash/Check Pricing". A convenience fee of 3.95% will be applied to the total purchase amount of all credit card transactions by the service provider.

**Card Holder Name:** \_\_\_\_\_ **Card Type:**  **VISA** or  **MC**

**Credit Card #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Expiration:** \_\_\_\_\_ **CVC Code:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Charge Amount: \$** \_\_\_\_\_

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

1) 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 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 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. \* **Initial >** \_\_\_\_\_

2) I hereby grant EMG and ACC permission to use my 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. \* **Initial >** \_\_\_\_\_

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

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\* You must agree to ALL the terms & conditions** set forth in the participation release & waiver agreement to participate in Applecross Golf Programs.

Please drop off registration forms with payment to the Applecross pro-shop in an envelope marked "Adult Top Tracer Clinics, Attn: Eric MacCluen", bring directly to class or mail to: Eric MacCluen Golf LLC, 824 Tremont Drive, Downingtown, PA 19335.