



Eric MacCluen Golf Applecross Country Club 2011 Program Registration Form



Please PRINT clearly & SIGN participation release.
Please complete ONE form per student & fill out each form in its ENTIRETY!

Student: _____ Adult: _____ Junior(Age): _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Primary #: _____ Alternate #: _____
 E-mail: _____
 Handicap (if applicable): _____ RH: _____ LH: _____

Junior Programs :

Full Program Name: _____
 Session Start Date: _____ Day: _____ Time: _____

Adult Programs:

Full Program Name: _____
 Session Start Date: _____ Day: _____ Time: _____

Eric MacCluen Golf and Applecross Country Club Program Release for Participants:

Eric MacCluen Golf and Applecross Country Club do not assume responsibility for injuries incurred while participating in any athletic or sports program or event and are not liable for lost or stolen items. I give permission to Eric MacCluen Golf and Applecross Country Club without obligation to me, use of any photographs, film footage, tape recordings which may include my (my child's) image or voice for the purposes of promoting Eric MacCluen Golf and Applecross Country Club and it's programs or facility. I, the undersigned for myself, my heirs and assigns, do hereby release Eric MacCluen Golf and Applecross Country Club, employees, and agents from any and all claims of injury, death, loss or damage I (my child) may incur as a result of my (my child's) participation.

Signature: _____ Date: _____

Type of Payment (cash or check only)

CASH: \$ _____ Member Non-member
 CHECK #: _____ (Make check payable to Eric MacCluen) Amount Enclosed: \$ _____



Return registration and fee to: Eric MacCluen Golf
3203 Hamilton Lane, Garnet Valley, PA 19060

