

Junior Membership Form (Ages 6-17)

Parent or Guardian: * _____

Home Phone: * _____ Cell: _____

Email: * _____

* **Required**

LESSONS

NAME	AHC NUMBER	YES or NO	AGE

Allergies (food or environmental), medical concerns for any of the Juniors listed above:

Under the *Freedom of Information and Protection of Privacy Act*, Didsbury Golf Club requires consent to use a member's information in local and online media such as Facebook, website, etc.

Please complete the information below to indicate your choice for your child(ren):

- Yes, as the parent or guardian of the member named above, I give my consent to the publication of his/her name, image or comments to be used for these purposes.
- No, as the parent or guardian of the member named above, I do not give my consent for the publication of his/her name, image or comments to be used for these purposes.

Print Parent/Legal Guardian's Name _____

Date: _____ Signature: _____

Membership Includes:

- 7 group lessons starting July 4th - Thursday mornings
- Members will be notified prior to lessons by email and using "Team snap" for announcements and scheduling
- Wind Up - a fun day of golf with meal and prizes