



Tim Reynolds Golf Clinics



Enrollment Information:

Name: _____ Age/Sex: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name (Under the age of 18): _____

Preferred Contact Number: _____

Secondary Contact Number: _____

Email Address: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

Date of Clinic: _____

Please check one of the following:

I will bring my own clubs.

I will need to have clubs provided: Dexterity L/R

Do you have any know allergies that may require medical attention? _____

Are you on any medications: _____

Any information that is provided will be used in the event of a medical emergency. All treatment will be provided by Williamsburg Fire Depart.

Payment Info: \$60 per Golfer

Payment must be made in full when reservation is made. Camp fee forfeited in the event of a cancelation less than 2 weeks prior to the clinic. Payments may be cash, check or credit.

Make checks payable to: Revolution Golf and Grille

Visa/MC/AMEX: Number _____ Exp. Date _____ CVV _____

Parents understand that their children attending the Indoor Golf Camp and using the Revolution Golf and Grille and Grille (RGG) facilities do so at their own risk. RGG and its owners, employees and agents are not RGG and its owners, employees and agents are not are not liable for any damage whatsoever arising from any personal injury or property loss sustained from any personal injury or property loss sustained by participants with their family in or around golf activities on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs which occur in or about any programs on the premises. He/She does hereby fully and forever release, discharge and hold harmless RGG, all associated facilities and its owners, employees and agents from any person s participation in any programs or use of this facility. In addition, he/she agree(s) to follow the rules of conduct. Failure to do so may result in suspension from participation. Consent: I, the undersigned parent or guardian, do hereby grant authority to the staff at RGG to render a judgement concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize RGG and its assigns to use any and all photographs, pictures or other graphs, pictures or other likenesses of me or anyone guardianship to me, as they deem appropriate in its promotional materials. By registering, you also agree to receive emails from RGG.
() I accept the terms conditions.

Signature: _____

Email completed forms to:
info@revolutiongolfandgrille.com

