



# The Golf School at Woodstock Meadows

## Student Information

**Full Name:** \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Address:** \_\_\_\_\_  
 Street \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Business:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Sex:** \_\_\_\_\_  
 Month/Day/Year \_\_\_\_\_ M/F \_\_\_\_\_

On occasion we publish information about programs, services and/or results that includes names and/or pictures of our students. I agree to allow myself or my child's name and/or picture to be used in this capacity.  Yes  No

## Emergency Contact Information (Contact #1)

**Full Name:** \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Business:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

## Emergency Contact Information (Contact #2)

**Full Name:** \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Business:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

## Medical Information

Please note any activity that should be restricted: \_\_\_\_\_

Please identify any medical condition or medical history that would require special attention: \_\_\_\_\_

Allergies  Hay Fever  Asthma  Insect Stings  Other: \_\_\_\_\_

In the event that no emergency contact is available I authorize any necessary steps to be taken for myself or my child's emergency medical care to be taken including transport to hospital. \_\_\_\_\_ Initial \_\_\_\_\_

Health Card # \_\_\_\_\_

## Student Injury Release

I, the undersigned adult, parent or legal guardian, acknowledge the inherent risk involved in golf, and all activities relating thereto. Accordingly, in consideration of myself, or my child being allowed to participate in any golf activities and or other activities at The Golf School at Woodstock Meadows, I agree to the following:

1. I acknowledge and fully understand that I (or my child) will be engaging in activities that involve risk of serious injury which might result not from my (or my child's) actions, but also from the action, inaction or negligence of others; and further that there may be risks not known to me or not reasonably foreseeable.
2. On behalf of myself (or my child), I agree to assume all the foregoing risks and accept personal responsibility for my own damages following such injury.
3. On behalf of myself (or my child), I release, discharge, waive, and covenant not to sue The Golf School at Woodstock Meadows, and all their respective agents, affiliates, associates, owners and employees or sub-contractors (collectively "the group") from demands, losses or damages on account of any injury, death, or damage to property, caused or alleged to be caused in whole or in part by "the group" or any other party's actions, inaction, or otherwise; and agree to indemnify "the group" from any and all third party claims caused in whole or in part by my (or my child's) actions.

I have read the above Waiver and Release, and understand that by signing below I have given up substantial rights on behalf of myself or my child.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_