

JIM McLEAN
GOLF SCHOOLS

Participant's
Picture

(Please provide
digital picture
attached
to e-mail)

Registration Form for the Jim McLean Summer Jr. Golf Camp

Participant's Name: _____ Age: _____

Participant's Golf Level: _____ Estimated Handicap: _____

How would you describe the participant's ability to swim: Poor - Average - Good - Excellent

Any Allergy or Medical condition: _____

Week Participating: June 15, June 22, June 29, July 6, July 13, July 20, July 27, August 3

Parent's Name: _____ Golfer? Yes / No Handicap: _____

Address: _____

City/State/Zip: _____ Country: _____

Phone Number: (____) ____ - ____ Phone Number: (____) ____ - ____

E-mail: _____@_____

How did you know about our Summer Jr. Golf Camp: Internet / Mail / Friend / Member _____

Emergency Contact: Please provide the following information in order for the Golf Camp personnel to contact the appropriate and authorized person in the event of any emergency.

Contact #1: _____ Contact #2: _____

Phone No: (____) ____ - ____ Phone No: (____) ____ - ____

Relationship: _____ Relationship: _____

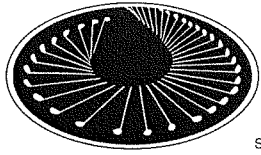
I hereby authorize the above referenced persons to be contacted and to make critical decisions for the participant's including, but no limited to, medical treatment and transportation in the event of an emergency. Also, in registering my child listed above for the Summer Jr. Golf Camp at the Jim McLean Golf School, I hereby release and hold harmless the Jim McLean Golf School, their affiliates and employees from all claims, damages, injuries, losses, expenses and liabilities which may occur from his/her participation.

Parent's Printed Name

Parent's Signature

____ / ____ / ____
Date

Jim McLean Golf Schools
Doral Golf Resort & Spa 4400 N.W 87th Avenue, Miami, FL 33178
Tel: (305) 591 - 6409 Fax: (305) 599 - 2890
Web site: www.JimMcLeanJrGolf.com e-mail: mitch@jimclean.com



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Jim McLean Summer Jr. Golf Camp Drop-Off & Pick-Up Release Form

Participant's Name: _____ Age: _____

The following people have permission to transport my child to and/or from the Doral Golf Resort & Spa and/or the Jim McLean Golf School. Please list spouse, grandparents, relatives, housekeeper, sitters, and friends.

_____	_____
_____	_____
_____	_____

Who is **Not** authorized to pick up the camper, if any? _____

I am in a carpool with the following families:

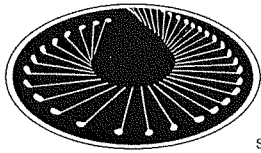
I am aware that it is my responsibility to change and/or update this form as necessary

Every person picking up a participant must show proof of identification upon picking up the child and must be written on this paper. Thank you for your cooperation. We do this for the safety of each child

Parent's Printed Name

_____/_____/_____
Date

Parent's Signature



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Discipline Procedure Form for the Jim McLean Summer Jr. Golf Camp

Participant's Name: _____ Age: _____

Dear Summer Jr. Golf Camp Parents and Participants:

Below are the discipline procedures that the Jim McLean Summer Jr. Golf Camp will follow as stipulated by the Jim McLean Golf School:

Our Golf Camp philosophy is to ensure that age appropriate, constructive disciplinary practices are used for children in care.

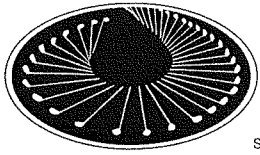
1. Discipline will include two verbal warnings, and then a "15 minute time out" will occur. Two time-outs in a day will result in consultation with a parent, to make them aware of the situation. Extreme disruption of the camp schedule and inability to stay within guidelines must occur before termination of any camp participants.
2. Any form of physical punishment is not permitted or tolerated at our Golf Camp.
3. Children shall not be subjected to discipline which is severe, humiliating or frightening.

I have read and understand the child discipline procedures at the Golf Camp, for the Jim McLean Golf School at the Doral Golf Resort & Spa.

Parent's Printed Name

_____/_____/_____
Date

Parent's Signature



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Payment Form for the Jim McLean Summer Jr. Golf Camp

Credit Card Payment Information / Authorization:

Card Holder Name: _____

Company Name: _____

Credit Card Type: Visa ___ / Master Card ___ / American Express ___

Credit Card #: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Amount to Charge/Approved: \$ _____

Signature: _____

today's Date: _____ / _____ / _____

Doral Members

Would you like to charge your Membership? Membership # _____

Member Printed Name

Member Signature

_____/_____/_____
Date

Cancellation policy: You must advise the Jim McLean Golf School of any cancellation by 12:00 pm of the Friday prior to the following Summer Jr. Golf Camp. If you do not formally call in and advise the cancellation 50% of the Camp's Fee will be charged to your Credit Card or Doral Membership.

Printed Name

Signature

_____/_____/_____
Date