



LAS POSITAS
GOLF COURSE

2024 LASPO Fundamentals Registration Form

Junior Name: _____

Parent/Guardian Name: _____

Emergency Phone: _____

Address: _____

Email: _____

Phone: () _____

2nd Email: _____

Birthday: / /

Age: _____

I hereby consent that my son/daughter, _____, participate in the below activity, and I hereby execute the Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense that they may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY OWN FREE WILL

Parent or Guardian Signature: _____

LASPO Juniors Monthly Program (\$250 1 - Time Payment)

Date Enrolled _____

Credit Card Information Below (\$200 Charged every 1st of the month)

Date Enrolled _____

Card #: _____

Exp. Date _____

CID#: _____

****Please check/circle which option you are going with.**

The CC on file will be charged the 1st practice of each month so long as a program is set to occur that month. **

Pro Shop Only

Check #: _____

Cash: _____

Date Received: _____