



# SANCTUARY LAKES GOLF SHOP

Sanctuary Lakes Club  
70 Greg Norman Drive  
Sanctuary Lakes Vic 3030

03 9394 9444  
sanctuarylakes@stubbsgolf.com.au  
www.stubbsgolf.com.au

Stubbs Golf Pty Ltd  
A.B.N. 97 149 420 075



## SANCTUARY LAKES JUNIOR PROGRAM

The Sanctuary Lakes Junior Program is conducted during school terms on Monday, Wednesday, Friday and Saturday. Sessions run for 1 hour. Juniors Golfers from the age of 6 and above may participate, or younger following an assessment by the Professional Golfer and with parent supervision.

Junior Golfers may participate in the Junior Program following payment of the \$99.00 fee per child and upon completing the registration and parental consent form. This fee includes participation in the term long program, full coaching by qualified golf professionals, and equipment usage.

Classes are limited to a maximum of 10 participants per session, and sessions are field on a first in basis, including a completed form and full payment.

The 2015 Program will included a structured weekly coaching program, regular assessments of progression, opportunity for advancement, and on course playing opportunities.

At the conclusion of the Friday Advanced Class, a 3 hole on course competition will take place. For an additional cost of \$2.00 per week, participants in this on course event will be playing a competition for prizes.





# SANCTUARY LAKES GOLF SHOP

Sanctuary Lakes Club  
70 Greg Norman Drive  
Sanctuary Lakes Vic 3030

03 9394 9444  
sanctuarylakes@stubbsgolf.com.au  
www.stubbsgolf.com.au

Stubbs Golf Pty Ltd  
A.B.N. 97 149 420 075



## JUNIOR REGISTRATION – TERM 1

Junior Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address of Junior Golfer: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Contact Telephone: \_\_\_\_\_

Parent/Guardian Contact Email Address: \_\_\_\_\_

(Junior Golfer's Name) \_\_\_\_\_ would like to participate in the  
Sanctuary Lakes Junior Program for Term 1, 2015 at a cost of \$99.00 for seven weeks.

Preferred Time – Select One Class only (*Please note your preference is not guaranteed*)

- ☐ Monday 4.30-5.30pm. 6 to 10 year old Beginners
- ☐ Wednesday 5-6pm. 11-15 year old Beginners.
- ☐ Friday 4-5pm. Advanced Class. Optional short course event from 5pm
- ☐ Saturday 9.30-10.30am. Open Class. All Ages.

Program commences the week of Monday 9 February 2015 and concludes on Saturday 28 March 2015. Confirmation of allocated class will be sent via email after full payment has been received.

☐ Visa ☐ Mastercard ☐ Pay in person

Card Number

Expiry Date   /   CCV Number

Card Holder Name: \_\_\_\_\_

Signed Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Parents Note: Any child that expresses they do not want to attend and do not participate will be required to leave the program. Only children that want to play or try golf will be accepted going forward.*

**All application forms submitted must be accompanied by full payment.**



This program is conducted with the assistance of the Sanctuary Lakes Club Junior Committee. Any golfers wishing to consider joining the Sanctuary Lakes Club are encouraged to speak to the Membership Office by calling 03 9394 9488.

# **PARENT/GUARDIAN'S ACKNOWLEDGEMENT OF RISK FORM INCLUDING WAIVER, RELEASE & INDEMNITY – Under 18 Years of age.**

This is an important document which affects your legal rights and obligations and those of the Minor for whom you are responsible. Read it carefully and do not sign it unless you are satisfied that you understand it. If you have any questions please ask a representative of the Business.

The Minor: \_\_\_\_\_

Address of the Minor: \_\_\_\_\_

The Parent/Guardian & Their relationship (mother, father etc): \_\_\_\_\_

Telephone No. of the Parent/Guardian: \_\_\_\_\_

The Business: **Stubbs Golf Pty Ltd, trading as Sanctuary Lakes Golf Shop**

The Activity: **Golf Tuition**

The Risks of the Activity: (fully set out the risks of the particular activity)

- Risk of being hit by a golf ball
- Risk of being hit by a golf club
- Risk of being hit by a golf cart
- Risk of falling due to unlevel surface

Medical Disclosure: (fully set out the participant's medical or other conditions that may be relevant to the performance of the Activity: \_\_\_\_\_

## **ACKNOWLEDGMENT**

1. I Acknowledge that:

- a) I am a parent or guardian of the Minor.
- b) The Minor is being supplied with a recreational service by the Business.
- c) The Activity is a recreational activity which involves a risk of physical harm.
- d) The Minor may be injured in performing the Activity
- e) The Minor's personal property may be lost, damaged or destroyed in performing the Activity
- f) Other people may cause the Minor injury or may damage the Minor's property in the course or performing the Activity.
- g) The Minor may cause injury to other persons or damage their property in performing the Activity.
- h) The natural conditions in which the Activity is conducted may vary without warning.
- i) The Minor's participation in the Activity is voluntary and the Minor has not been required by the Business to engage in the Activity.
- j) The Minor has disclosed any pre-existing medical or other condition that may affect the risk that either the Minor or any other person will suffer injury, loss or damage.
- k) I have disclosed any pre-existing or other medical condition that may affect the risk that either the Minor or any other person will suffer injury, loss or damage.
- l) The Business relies on the information provided by the Minor and I state that all such information is, to the best of my knowledge, accurate and complete.
- m) I am aware of the dangers associated with the consumption of alcohol or any mind altering substance, drug or other substance which may impair the Minor's judgement or physical ability or capacity to safely participate in the Activity and accept full responsibility for any injury, loss or damage suffered by the Minor associated with the Minor's consumption of alcohol, mind altering substance, drug or other substance which impairs the Minor's judgement, physical ability or capacity to safely participate in the Activity.

- n) This document records the entire agreement between the Business and the Minor and I in relation to the Activity and the Minor's participation in it.
- o) I have not relied upon any advice, representations or inducements by or on behalf of the Business in deciding to:
  - i. Allow the Minor to participate in the Activity; and
  - ii. Sign this document.

### **RISK WARNING**

1. I acknowledge that the Minor and I have been warned of the Risks of the Activity.
2. I acknowledge that the Activity may also involve other risks not noted in the Risks of the Activity listed on page 1.

### **ASSUMPTION OF RISK**

1. Notwithstanding the risks of physical harm and injury inherent in the Activity some of which are noted above, I agree to the Minor participating in the Activity at his/her own risk.

### **WAIVER, RELEASE & INDEMNITY**

1. I agree that the provisions of Section 74 of the Trade Practices Act 1974 (C'th) and any similar state legislative provisions (which provide for any implied warranty that services be rendered with due care and skill and that any material supplied in connection with those services will be reasonable fit for purpose) are excluded and do not apply to this contract in so far as they relate to liability for death or personal injury from the Activity.
2. I agree to release and hold harmless the Business, its servants, employees and agents from and against any liability arising out of any injury, loss, damage or death caused to the Minor or his/her property or any other person arising from or in connection with the Minor's participation in the Activity whether such injury, loss, damage or death was caused directly or indirectly by negligence, breach of contract or any way whatsoever other than where the injury, loss, damage or death was caused solely by the negligence of the Business, its servants, employees or agents.
3. I agree to indemnify and hold harmless the Business, its servants, employees and agents from all claims, damages, losses, injuries and expenses arising out of or resulting from the Minor's participation in the Activity. This indemnification extends to all claims made by the Minor and/or any other person against the Business, its servants, employees and agents in respect of any injury, loss, damage or death arising out of or in connection with the Minor's participation in the Activity, other than where the injury, loss, damage or death was caused solely by the negligence of the Business, its servants, employees or agents.

### **MISCELLANEOUS**

1. The Minor agrees to comply with all rules and directions made or given by the Business in connection with the Activity. I understand that if the Minor fails to comply with the rules and/or directions of the Business the Minor may be injured or injure someone else. Further I understand that the Minor will not be permitted to continue the Activity and no refund will be given.
2. I agree to report all accidents, injuries, or loss damage sustained by the Minor to the Business.
3. If the Minor suffers any injury or illness I agree that the Business may provide or arrange evacuation, first aid and medical treatment at my expense.

**I ACKNOWLEDGE THAT I HAVE READ THIS FORM. I FULLY UNDERSTAND IT'S TERMS AND THAT THE MINOR AND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN THE DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT MADE TO ME.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Witness' Signature: \_\_\_\_\_

Witness Address: \_\_\_\_\_ Date: \_\_\_\_\_

**Date of initial lesson: \_\_\_\_\_ recommended date for new form: 1 year**