



Robert Linsville's  
**PRECISION  
GOLF SCHOOL**



Dave McCain's  
**PRECISION  
TENNIS ACADEMY**

## 2010 PROGRAM REGISTRATION FORM >

PROGRAM NAME \_\_\_\_\_

CHOOSE YOUR SPORT

PROGRAM ID \_\_\_\_\_ Late Pickup – Y / N

GOLF  TENNIS

AMOUNT PAYING \$ \_\_\_\_\_

LIFETIME SPORTS CAMP

Participant's Name - \_\_\_\_\_ Birthday - \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender - M / F Parent/Guardian Name(s) - \_\_\_\_\_

Address - \_\_\_\_\_

City - \_\_\_\_\_ State - \_\_\_\_\_ Zip - \_\_\_\_\_

E-mail - \_\_\_\_\_

Home # - \_\_\_\_\_ Work # - \_\_\_\_\_ Cell # - \_\_\_\_\_

**--- IF REGISTERING FOR CAMP, PLEASE FILL OUT THE FOLLOWING -----**

Emergency Contact - \_\_\_\_\_ Relation - \_\_\_\_\_ Phone - \_\_\_\_\_

Health Insurance Co. - \_\_\_\_\_ Policy # - \_\_\_\_\_

Family Physician - \_\_\_\_\_ Phone # - \_\_\_\_\_

Does your child have any known allergies? \_\_\_\_\_

Emergency Medical Care Release:

I, as the parent/guardian of the participant listed above, give permission to Precision Golf School staff to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

\_\_\_\_\_  
(Print parent/guardian name)

\_\_\_\_\_  
(Signature of parent/guardian)

**--- PAYMENT INFORMATION -----**

Make Checks Payable To: Precision Instruction, 5834 Bur-Mil Club Road, Greensboro, NC 27410

Credit Card transactions can be made by calling 336-510-4653 or online for some items at

<http://www.precisioninstruction.com/shop/>