

Northern Alberta Xtreme Golf Registration Form

Player's Name: First: _____ Last: _____

Address: _____

Postal Code: _____ Phone: _____

Birthdate: _____ Email: _____

Parent's Names: Mother: _____ Father: _____

Swings (please circle): L or R Handicap: _____

Emergency Contact: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Alberta Health Care #: _____

Allergies or Medical Concerns: _____

Please Indicate the Desired Camp(s):

<u>Camp:</u>	<u>YOB:</u>	<u>Dates:</u>	<u>Selection</u>
Golf Information Session	2003-2005	March 2020	_____

Personal information obtained and retained for safekeeping by NAX hereunder ("Personal Information") is solely for the following purposes: (1) administering NAX play and for properly attending to any necessary medical matter regarding your child and (2) providing you with information about NAX and its programs should you indicate your interest below. The Personal Information will not be provided to any third party without your specific consent.

_____ **Yes, we wish to receive information about NAX and its programs.**

Email form to:

jstewart@naxhockey.com
SUBJECT: NAX GOLF
ATTN: JASON STEWART

Jason Stewart, Northern Alberta Xtreme President may be reached at: jstewart@naxhockey.com or by phone at 587-985-5637.