



Blue Heron Golf Course
3270 Romancoke Rd.
Stevensville, MD 21666
Tel. 410-643-5721 fax 410-643-1800
www.blueherongolf.org

Golf Program Registration

- Advance registration is required since most class sizes are limited. We do not accept registration by phone
- No confirmation will be sent. There will be notification only if there is a cancellation or change.
- We reserve the right to cancel or alter programs that don't meet registration requirements.
- If paying with credit card, you may fax this completed & signed form to 410-643-1800.

Participant Name: _____

Gender: M / F Age: _____ Email: _____

Payee Name (Parent / Guardian) _____

Address, City, State, & Zip _____

Home Phone: _____ Emergency Phone: _____

Work Phone: _____ Cell Phone: _____

Programs:

Class Name _____ Class # _____ Fee _____

Class Name _____ Class # _____ Fee _____

Method of Payment

() Mail in Check or Money Order with completed form () Visa () MasterCard

Please make checks payable to: **Blue Heron Golf Course**

Card # _____

Mail form and payment to:

Blue Heron Golf Course
3270 Romancoke Rd.
Stevensville, MD 21666

Exp. Date _____

I agree to pay the amount listed as credit card charges to County
Commissioners, Centreville according to credit card issuer agreement

Signature

Medical Information (medications, Disabilities, etc.)

Pick-up / Emergency Contact Information (other than Parent / Guardian listed above)

Name: _____ Phone: _____

I recognize the risks of illness and injury in any exercise/physical fitness, education, or recreational program and am participating in the golf course program upon the express agreement and understanding that I am hereby waiving and releasing Queen Anne's County Government, its departments, directors, employees, agents and assigns from any and all claims, liabilities, expenses or judgment, including attorney's fees and court costs (herein, collectively "claims") arising out of my participating in the aforesaid course/activity or any illness, injury or death resulting therefrom and hereby agree to indemnify and hold harmless the Queen Anne's County Government, its Departments, directors, employees, agents and assigns from and against all such claims except claims proximately caused by the gross negligence or willful misconduct of the Queen Anne's County Government, its Departments, directors, employees, agents and assigns.

*Participants may at some point be photographed for publicity purposes.

REQUIRED SIGNATURES

Participant Name

If the participant is under 18 years of age, this section must be completed in its entirety by both of the participant's parents or by the participant's legal guardian(s).

Parent/Guardian signature

Name _____

Address _____

City _____

State / Zip _____

Home Phone _____

Work Phone _____

Relationship to Part. _____

Parent/Guardian signature

Name _____

Address _____

City _____

State / Zip _____

Home Phone _____

Work Phone _____

Relationship to Part. _____

Please check if applicable:

() I have sole legal and physical custody of the participant and I have the authority to enroll this participant in the activity identified above.