



REGISTRATION FORM

I. Personal Information

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Height: _____ Age: _____ Shoe Size: _____

Shirt Size: S M L XL XXL Shorts Size: S M L XL XXL

Handicap: _____ Golf Clubs: Renting Bringing

II. Payment

Amount Due: \$10,000

Payment Method: _____ Check _____ Visa _____ Mastercard

Card Number: _____ Exp. Date: _____

Signature: _____

III. Waiver

Print Name: _____

Signature: _____

Health Plan Name: _____

Health Plan ID#: _____

Emergency Contact Person: _____

Emergency Phone Number: _____

I hereby hold K Academy, its staff and Duke University free from all liability should any injury or illness befall me while I am in attendance at K Academy. I also authorize the coaches and staff of K Academy to secure medical treatment for me should I not be able to request such treatment for myself. I have no knowledge of any existing physical impairment that would affect my participation in this program. In addition, I authorize K Academy to use any photographs of me taken during the program for use in publicizing and advertising future K Academies. A \$2,000 non-refundable deposit will be kept if the camper cannot attend. If the camper cannot attend and their space is not able to be filled by May 1, 2018, the entire payment of \$10,000 will be non-refundable.