



LEGENDS OPEN

May 29-June 2, 2019

REGISTRATION FORM

I. Personal Information

Full Name: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Cell Phone: _____ Email: _____
 Height: _____ Age: _____ Shoe Size: _____
 Shirt Size: S M L XL XXL (circle one) Shorts Size: S M L XL XXL (circle one)
 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, 2019, the entire payment of \$10,000 will be non-refundable.

Send registration form to Rachel Curtis:

Mail: K Academy, Box 90556, Durham, NC 27708
Fax: (919) 613-7564
Email: rcurtis@duaa.duke.edu