

2019 ROYSTER MEMORIAL SUMMER JUNIOR GOLF CAMP

REGISTRATION

NAME _____ Birth date ____/____/____
Last (please print) _____ First _____ Male _____ Female _____
Home address _____ Home phone _____
(Including city and zip code)

Mother's name _____ Employer _____
Cell phone _____ Work phone _____
Father's name _____ Employer _____
Cell phone _____ Work phone _____
Preferred email address _____

Non-emergency messages may be sent via email. If this is not desired, please indicate best form of communication (i.e. home phone, mother's/father's work or cell). _____

SESSIONS ATTENDING: Please Choose which Sessions and time you will be attending.

- Session 1 – Monday June 10th—Thursday June 20th 8:00AM-9:15AM OR 10:00AM-11:15AM
Session 2 – Monday June 24th—Thursday July 4th 8:00AM-9:15M OR 10:00AM-11:15AM
Session 3 – Monday July 8th—Thursday July 18th 8:00AM-9:15AM OR 10:00AM-11:15AM
Session 4 – Monday July 22nd—Thursday August 1st 8:00AM-9:15AM OR 10:00AM-11:15AM

JUNIOR GOLFER'S EXPERIENCE: Yes No

1. Played in junior golf program last year? _____ Where? _____

GOLF EQUIPMENT

1. Has own clubs? _____

2. Needs to borrow clubs? _____ Right _____ Left _____ Child's height _____

Junior Golf is made possible by volunteers. Can you or another family member help in the program?

Need not be a golfer: Yes No Maybe

I want my child to participate in this Junior Golf Program _____

(Parent/grandparent, legal guardian signature)

I, parent/guardian, of the above named candidate for Shelby Park Summer Golf, give approval for participation in any and all league activities during the current session. I assume all risks and hazards incidental to such participation including transportation, if necessary. I do hereby waive, release, absolve, indemnify and agree to hold harmless the organizer; its supervisors, participants and persons transporting the players to and from activities for any claim arising out of any injury to the player except to the extent and in the amount covered by accident and/or liability insurance held by the organizer.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured, while participating in program activities, away from home, or at any other time when neither parent nor guardian is available to grant authorization for emergency treatment.

Parent, grandparent, legal guardian signature _____ Should your child be unable to participate in the program, please notify leader before the starting date so another child on the waiting list may attend.