



# Junior Golf Registration Form

Junior Name \_\_\_\_\_ Age: \_\_\_\_\_

9 Holes (Age 12+)

6 Holes (Age 9-11)

*\* Presence Preferred*

3 Holes (Age 6-8)

*\* Parent Must Be Present*

*\*\* Age Recommendations are estimates—ability level can change appropriate division*

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*\* Parent Must Be Present*

*\*\* Age Recommendations are estimates—ability level can change appropriate division*

Parent Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Pro Shop Use Only

Check Main Flyer for Correct Pricing? \_\_\_\_\_

Liability Waiver Signed (Back Page)? \_\_\_\_\_

Copy of Paid Chit Attached? \_\_\_\_\_

Employee Initials: \_\_\_\_\_

## Liability Waiver

### Spring Hill Golf Club - 2018 Summer Junior Golf Camps

#### PLEASE READ THE FOLLOWING CAREFULLY

If you have any questions, have them answered **before** signing this document. In consideration of being permitted to participate in the Spring Hill Golf Club 2018 Summer Junior Golf Camp, I, in full recognition and appreciation of the dangers and risks inherent in such activities, do hereby waive, release, and forever discharge Spring Hill Golf Club, its officers, agents and employees, as well as any golf course facility associated with these programs from and against any and all claims, demands, action or causes of action for costs, expenses or damages to personal property or personal injury, or death, which may result from my child's participation in these activities.

I understand and admit that my child's participation in Spring Hill Golf Club's Summer Junior Golf Camp is voluntary. I assume full responsibility for any injuries or damages resulting from my child's participation in this program including responsibility for using reasonable judgment in all phases of participation of the program. I recognize and understand that the activities may be hazardous, that my child's participation is solely at his/her own risk, and that I assume full responsibility for any resulting injuries and damages.

I affirm that my child is in good health. I further declare that he/she is physically fit and capable to participate in such activities. I understand that it is my responsibility to notify the Golf Professionals/Spring Hill Golf Club of any pertinent medical information regarding my child. I also understand that this Waiver of Liability and Release binds my heirs, executors, administrators, and assigns as well as myself. I acknowledge that I have read and understand this entire Waiver of Liability and Release, and I agree to be legally bound by it.

Participant's Name \_\_\_\_\_ (print)

Participant's Name \_\_\_\_\_ (print)

Participant's Name \_\_\_\_\_ (print)

Parent's Name \_\_\_\_\_ (print)

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Contact name ICE: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact name ICE: \_\_\_\_\_ Phone #: \_\_\_\_\_