

junior golf



Junior Golf League Registration Form

Golfer Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Cell Phone: _____

Age: _____ Gender: _____ male _____ female

Email address _____

Emergency Contact Information

Primary emergency contact: _____ Phone: _____

Secondary emergency contact: _____ Phone: _____

In consideration of myself or my child being allowed to participate in a Gleneagles Junior Golf League, I the undersigned parent, binding heirs, executors, administrators, estate and assigns, do hereby release and agree not to hold liable Gleneagles GC, its officers, agents and employees: from any and all actions, causes of action, claims, demands, costs or damages as a result of property damages or personal injuries or death sustained by me or my said child or his/her property, arising from or resulting from an act or omission, negligent or otherwise of the Gleneagles GC, its officers, agents and employees or any other participant in the program while participating in the said activity or while traveling to or from Gleneagles GC.

Parent/Guardian Signature: _____

Payment is due at time of registration. Please bring registration form with payment of \$200 to Gleneagles Golf Shop. Payment can be cash or check, made out to City of Twinsburg.

