

**Rec Center Use Only

Golf

Age _____ Grade _____ D.O.B. _____ Shirt Size: Adult/Youth _____
Circle One

Child's Name: _____

Parent/Guardian's Name: _____

Child's Address: _____

Child's Phone# Primary: _____ Secondary: _____ Work: _____

Please list other siblings who will be participating

Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____

In case of emergency, and parents/guradians cannot be reached (a person you give permission to pick your child up), please contact:

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

Medical Information: Please list any medical problems, including allergies: _____

Family Doctor _____ Phone # _____

By signing this Registration/Permission Slip, I am giving my child permission to participate in golf. I give my permission for a doctor to take the necessary medical steps to aid my child in case of an emergency.

I understand NO REFUNDS will be given.

Parent/Guardian Signature _____ Print _____

Phone Numbers (if different than above):

Home: _____ Cell: _____ Work: _____

Recreation personnel beyond this point. _____

Date _____ Receipt _____ Initials _____