



## ***Meadowmeer Junior Golf Clinics***

Name(s): \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell# \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone or Cell# \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

I realize it is my responsibility to consult a physician to assess my child's health relating to participation. I agree to hold harmless, Meadowmeer G & CC, or their employees, volunteers and agents for any/all injuries and damages incurred during said program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Administrative use:**

Date: \_\_\_\_\_

Payment: \_\_\_\_\_

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