



**SUMMER OF 2022
JUNIOR GOLF PROGRAM REGISTRATION FORM**

JUNIOR PLAYER INFORMATION	
NAME:	BIRTH DATE:
HAS CHILD PLAYED GOLF BEFORE?	IF YES, FOR HOW LONG?
DO YOU HAVE YOUR OWN CLUBS?	

PARENT OR GUARDIAN INFORMATION	
NAME:	
ADDRESS:	
EMAIL ADDRESS:	
HOME PHONE:	CELL PHONE:

EMERGENCY CONTACT OTHER THAN ABOVE	
NAME:	
HOME PHONE:	CELL PHONE:

MEDICAL AUTHORIZATION
In an emergency, I/we hereby authorize the staff and volunteers of the Williams Lake Golf & Tennis Club to obtain the necessary treatment for our child's well being , and do hereby release the staff and volunteers of any responsibility for any injury that may be incurred during the course of play.

PARENT OR GUARDIAN	
SIGNATURE:	DATE: