

# Nemadji Junior Golfer Development Program Registration Form

---

## Golfer Information

Name: \_\_\_\_\_

Gender:  Female  Male

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth Date(\_\_\_\_/\_\_\_\_/\_\_\_\_)School: \_\_\_\_\_ Age: \_\_\_\_\_

Parents/Legal Guardians: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

## Session your child will be attending:

Session 9am-10:15am (ages 10-17) Session 10:30am-11:45am (ages 6-9)

Payment \_\_\_\_\_ (\$60 camp only)- (\$100 Camp plus season pass)

---

## Health Information

Special health conditions or information (please explain):

\_\_\_\_\_

Emergency Contact (if parent/guardian can't be reached):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

**In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by Nemadji Golf Course representatives. I hereby give permission to the medical personnel selected by Nemadji Golf Course representatives to secure any medical, hospitalization, and/or surgical treatment. In event that such medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian.**

Parent/Guardian Signature: \_\_\_\_\_