

REGISTRATION

Male _____ Female _____

Name _____ Age _____ Date of Birth _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Parents' Name (s) _____

Email: _____

Shirt Size – Youth Small _____ Medium _____ Large _____ Adult Small _____ Medium _____ Large _____ XLarge _____

(Shirts may be picked up at golf course May 6th or first date of golf program June 5th)

If you participated in the program last year in which group did you finish?

1st Swing _____ 3 Holers: _____ 5 Holers _____ 9 Holers: _____ Int: _____ Champ: _____

Permission to display your child's photo on website yes _____ no _____

I would like to become a volunteer _____

We understand that CCJGA and the course owners are not liable for any accidents or injuries sustained while playing in CCJGA sponsored tournament and clinics. By signature below I agree to fully indemnify and hold harmless the Cape Coral Junior Golf Association from any damages sustained by me or my child while participating in, or traveling to or from a program sponsored by the CCJGA.

Parent / Guardian Signature

IN CASE OF EMERGENCY CONTACT:

1.) Name _____ Relationship _____

Phone _____ 2nd Phone _____

2.) Name _____ Relationship _____

Phone _____ 2nd Phone _____

DON'T WRITE BELOW THIS LINE / ASSOCIATION USE ONLY

REGISTRATION FEE

AMT PAID: _____ CASH _____ CHECK NO: _____ PAYPAL _____

RECEIVED BY: _____