

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 Coral Oaks Golf Course May 5 or May 12, 2018 from 8:30 to 12:00 noon)

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: _____