



Sleepy Ridge

Junior Golf Clinics



Session #: _____

JUNIOR GOLF REGISTRATION FORM

(Please Print)
Name of Player _____ Boy ___ Girl ___ Grade ___ Birthdate _____ Age _____
(Last Name) (First Name)

Address _____ City _____ Zip _____ School _____

Name of Parent or Guardian _____ Home Phone: _____ Work: _____ Email: _____

In an Emergency please notify (Other than Parent or Guardian) _____ Phone: _____

Parental/ Participant Statement of Agreement Assumption of Risk, Liability Release, Indemnification and Refund Policy
Release & Indemnification: I hereby, recognize and acknowledge my child's participation in recreational activities may involve bodily injury and/or emotional injury to myself and/or my child. In consideration of my child being able to participate in such events, I, for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive, and discharge Sleepy Ridge, and its officers, employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except that caused solely by the willful misconduct of Sleepy Ridge, that may result from my child's participation in Sleepy Ridge activities. In addition, I agree that I or my insurance company will pay for medical, hospitalization or any other expenses resulting from my child's participation.
Emergency Treatment: I hereby authorize Sleepy Ridge program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. I understand that I or my insurance company will pay for such emergency treatment.
Equal Opportunity: Sleepy Ridge Recreation provides equal opportunity to participate regardless of race, creed, gender, and will, upon request, provide reasonable accommodations to individuals with disabilities. By signing this assumption of risk, liability release, indemnification and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosures, and that I agree to its terms.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only: Amount: _____ Receipt #: _____ Date: _____ By: _____