

# Junior Clinic at Rolling Fields

## Registration Form

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

Emergency Contact: \_\_\_\_\_

Age: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

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

Cell Phone #: \_\_\_\_\_

\_\_\_\_\_

Work Phone #: \_\_\_\_\_

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

Shirt Size (Circle One): YS    YM    YL    AS    AM    AL

Experience Level (Circle One): Beginner    Novice    Advanced

I, \_\_\_\_\_, parent/guardian of the above child hereby give my consent to his or her participation in the 2018 Rolling Fields Junior Golf Clinic. I hereby release Rolling Fields Golf Club, its owners, managers, employees, all volunteers, advisors and sponsors from any liability with his or her attendance and play related thereto.

Each golfer/camp participant assumes all risks and danger to the game of golf including weather related circumstances.

Checks must be made out to Larmann Enterprises Inc.

If you want your junior golfer to be grouped with certain juniors of similar age and ability, you must note it on this returned form.