



# Hannastown Junior Clinic

Junior's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Shirt Size: Youth \_\_\_\_\_ or Adult \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

I am the parent/guardian of the above named minor child. I hereby grant permission for him/her to participate in the Junior Golf Program sponsored by Hannastown Golf Club.

I hereby grant permission for my child to be treated by an athletic trainer and/or medical doctor in case of injury or illness.

I hereby agree that Hannastown Board of Directors, Golf Professional, and staff shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind whether sponsored by or under the supervision of Hannastown Golf Club, and we agree to indemnify and hold harmless Hannastown Golf Club, it's Board of Directors, Golf Professional, and staff of any kind of claim whatsoever.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any pictures taken of my child may be used by Hannastown Golf Club for publicity purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_