

# Junior Golfer Registration Form

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

Street: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Shirt Size:** (Circle One)      **YOUTH: S M L**    **ADULT: S M L XL**

**Dexterity:** (Circle One)    **RH** or **LH**

Please list any previous injuries or physical limitations:

\_\_\_\_\_

\_\_\_\_\_

Camp Fee - \$230.00

Circle Week To Attend:    July 8 – July 11      July 22 – July 25    Aug 5 – Aug 8

\*Please make checks payable to **Louis Hampton III**



## General Liability Release Form

I understand and realize that participation in the **Junior Golf Clinic** includes activities and situations that could potentially cause harm or injury to participants. By my signature below, I hereby release Jumping Brook Country Club, its parents, subsidiaries, owners, employees, agents, and volunteers from any and all claims, liability, costs, and/or damages of any kind whatsoever which could or may arise from my participation in activities related to the **Junior Golf Clinic**. By signing this document I agree to accept any and all financial responsibility for same, including but not limited to costs related to accidents, injuries, or any other damages which could arise.

Name of Participant: \_\_\_\_\_

Parent/Guardian (Print) : \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Emergency Contact 2 : \_\_\_\_\_

Phone: \_\_\_\_\_