Johnston Recreation Department – Youth Golf 2025

BOYS

Please make check or money order payable to "Johnston Youth Sports"

Paid: ___ Check/Money Order # _____ Cash ___ Date: _____ Received By:_____

Player's Name: _____ Parent(s) Name(s): _____

Address: _____
Street City/Town Zip Code

Email(s): _____

Phone No: _____

Player's age as of May 1, 2025: _____ Player's Date of Birth: _____ Current Grade (24-25 school yr.): _____

Does child have any medical problems that the recreation department should be made aware of? Yes ____ No ____

If yes, please explain: _____

Please **circle** the t-shirt size you would like:

Youth Small (6-8)	**Youth Medium** (10-12)	**Youth Large** (14-16)	**Youth X-Large** (18-20)	
Adult Small (34-36)	**Adult Medium** (38-40)	**Adult Large** (42-44)	**Adult X-Large** (46-48)	**Adult 2X-Large** (50-52)

Pursuant to the Rhode Island General Laws S-7-6-22, I/We the parent (s) of the above-named boy/girl, who is a candidate for a position on a Johnston Recreation Department Activity, hereby give my/our approval to his/her participation in any and all of the activities during the current season.

I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities; I/We further hereby release, absolve, indemnify, and hold harmless the Johnston Recreation Department, the organizers, sponsors, and the supervisors, and/or all of them.

In case of injury to my/our son/daughter, I/We hereby waive all claims against the organizers, the sponsors or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our son/daughter to or from the activities. I/We will furnish a certified birth certificate of the above-named candidate upon the request of the league officials. The undersigned specifically acknowledge that a risk of injury exists and assume the risk with respect to practicing for or participating in any contact exhibition or an athletic or sports matter sponsored by the Johnston Recreation Department.

I authorize my child to participate in the 2025 Youth Golf Program

_____

Parent/Guardian Signature