

**GROVE PARK JUNIOR GOLF CLINIC, INC.**

**2024 Registration Form**

**Boys & Girls --- Ages 7 - 17**

**STUDENT:**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth(M/D/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Female Male (Circle One)

Ethnicity or Race \_\_\_\_\_ Does your child have golf equipment? Yes No (Circle One)

School \_\_\_\_\_ Grade Level \_\_\_\_\_ Shirt Size \_\_\_\_\_

Does your child have any medical conditions (allergies or medications) that may have a bearing or effect on their participation? Yes No If you circled yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Any Special Needs With Your Child We Need to Be Aware of: \_\_\_\_\_

\_\_\_\_\_

**PARENT:**

Parent or Guardian Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**In case of Emergency, Please Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Emergency Email \_\_\_\_\_

I hereby permit my child to take part & participate in the Grove Park Junior Golf activities at Pete Brown Golf Course, 3200 Woodrow Wilson Drive, Jackson, Mississippi, 39209. I also release Pete Brown Golf Course and Grove Park Junior Golf Clinic, Inc. volunteers of any liability associated with the Golf Program and my child. In other words, if my child is involved in an accident, I will not hold Pete Brown Golf Course or the Grove Park Junior Golf volunteers or its associates responsible.

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

Parental permission for Child's Picture to Appear on Website:

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