

TO ALL GPJGC PARENTS:

Grove Park Junior Golf Clinic, Inc. is conducting a Health & Wellness survey of all junior golfers registering to participate in our 2024 Summer Golf Clinic. Your signature is requested on this form to acknowledge you have been advised of the survey and give permission to check and record your child's: Blood Pressure, Pulse, Height & Weight and Height at the beginning and end of the clinic.

The data recorded will not be shared or disclosed to any outside individual or agency and will not be used for any unlawful purposes or advertisements.

I, (Print Your Name): _____,
give permission for my child, (Print Child's Name):
_____, to take part in the GPJGC's Health &
Wellness Survey.

Signed: _____ Date: _____

Thank you,

Claude E. McCants, President