

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: _____