

GROVE PARK JUNIOR GOLF CLINIC, INC.

APPLICATION

BOYS & GIRLS --- AGES 7 – 17

Clinic Operation Hours: 8:00 a.m. – 11:00 a.m.

Name: _____ Age: ____ M ____ F ____

DOB: _____ PARENTS: _____

School & Grade: _____ Ethnicity: _____

Email: _____

ADDRESS: _____ ZIP: _____

CITY: _____ STATE: _____

Email Address: _____ School: _____ Grade: _____

Shirt Size: _____ First Tee Programs(Y/N): _____ Golf Equipment(y/n): _____

Medical Conditions(Y/N): _____

In Case of Emergency, Please Contact:

1st: Name: _____ Phone: _____

2nd: Name: _____ Phone: _____

Parents are asked to make a non-refundable donation of \$50.00 per child to defray some of the clinic expenses.

Parents'/Guardian Permission:

I hereby permit my child to take part in the Junior Golf activities at Pete Brown Golf Course – 3200 W. Woodrow Wilson Drive – Jackson, MS 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 Clinic volunteers or its associates responsible.

Parent/Guardian Signature: _____ Date: _____

Parental Permission for Child's Picture(s) to Appear on Website:

Signature: _____ Date: _____

Website: groveparkjrgolf.org