



**SUMMER OF 2026**  
**JUNIOR GOLF PROGRAM REGISTRATION FORM**  
 Email completed forms to [proshop@williamslakegolf.ca](mailto:proshop@williamslakegolf.ca)  
 Paper copies will not be accepted in the pro shop



| JUNIOR PLAYER INFORMATION                                     |                                    |
|---|------------------------------------|
| NAME:   | BIRTH DATE:                        |
| DO YOU NEED CLUBS?  | HAS THE JUNIOR PLAYED GOLF BEFORE? |
| IF YES, FOR HOW LONG?   |                                    |
| DESCRIBE THEIR SKILL LEVEL:                                   |                                    |
| IS A PARENT OR GRANDPARENT A WLGTC MEMBER? YES OR NO NAME:    |                                    |
| IS THERE AN ADULT TO TAKE THE JUNIOR OUT GOLFING TO PRACTICE? |                                    |
| HOW MANY TIMES PER WEEK?                                      |                                    |
| WE NEED VOLUNTEERS TO ASSIST THE COACHES, CAN YOU HELP?       |                                    |

| EMERGENCY CONTACT / PARENT INFORMATION |             |
|--|-------------|
| NAME:                                  |             |
| ADDRESS:                               |             |
| EMAIL ADDRESS:                         |             |
| HOME PHONE:                            | CELL PHONE: |

| MEDICAL AUTHORIZATION   |
|---|
| <p>In an emergency, I/we hereby authorize the Williams Lake Golf &amp; Tennis Club to obtain the necessary treatment for our child's well being , and do hereby release the club, staff and volunteers of any responsibility for any injury that may be incurred during the course of play.</p> |

| PARENT OR GUARDIAN |       |
|--------------------|-------|
| SIGNATURE:         | DATE: |

**Submission of this form does not guarantee placement for your child. Non-member applications will be accepted on a first come first serve basis. We will reach out via email to successful candidates.**