

Junior Golf Clinic Consent Form

Participant Information

Junior's Full Name

Date of Birth

Gender

Parent/Guardian Name

Phone Number

Email Address

Emergency Contact Name

Emergency Contact Phone

Medical Information

Allergies/Medical Conditions

Medications

Family Doctor

Doctor's Phone

Consent

I hereby consent to my child's participation in the Junior Golf Clinic and release organizers from any liability.

I authorize medical treatment in case of emergency if I cannot be reached.

I give permission for my child's photograph to be taken and used for promotional purposes.

Parent/Guardian Signature

Date