

THE LINKS AT BOYNTON BEACH JUNIOR GOLF PROGRAM REGISTRATION FORM

Please complete one form per person. Please feel free to make copies.

Participant Name: Last: _____ First: _____ MI: _____
Parent's Name (if participant is under age 18): _____
Address: _____
City: _____ State: _____ Zip: _____
Day Phone: _____ Night Phone: _____ Emergency Phone: _____
Age: _____ Sex: _____ Date of Birth ____/____/____
E-mail Address: _____

Special Accommodations (please specify) _____

General Release

ON BEHALF OF THE ABOVE, I, THE UNDERSIGNED PARENT/GUARDIAN, in consideration for the CITY OF BOYNTON BEACH through its Golf Course Department providing facilities, instruction, transportation and supervision in the activity for which he/she has registered, do hereby:

1. Assume all risks and responsibility of possible damage or injury involved through participation in said activity. I understand I am to furnish my own insurance in case of injury.
2. Request permission to participate in the activity with full knowledge that said activity could result in damage or injury to him/her. I will furnish a birth certificate of the above named upon request by the Golf Course Dept.
3. Agree to indemnify and hold harmless the City of Boynton Beach and/or its departments or agents from liability resulting from his/per participation in said activity.

Parent/Guardian Signature: _____
Date: _____

PLEASE PROVIDE THE FOLLOWING

1. Name of Emergency contact if parent/guardian cannot be reached: _____
2. Relationship: _____ Telephone: _____
3. Doctor's Name: _____ Telephone: _____
4. List any medical conditions your child has that might concern staff:

5. Special emergency or medication instructions:

6. Insurance Company: _____ Policy
Number: _____