

# RBCC Junior Golf Clinics Registration Form

Child's Name(s): \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_

Session Dates: (circle) **June 21-24**                      **July 19-22**

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Alt Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

The undersigned parent or guardian of the child/children named above hereby consents to participation of said child in the recreation program organized and supervised by Rocky Bayou CC. In consideration of the services to be performed by the club, the parent or guardian hereby agrees to indemnify and hold harmless Rocky Bayou CC, its agents or employees from and against any and all claims, demands or liability for loss, expense, damage or injury of any nature whatsoever to persons or property resulting in any way from or in any fashion arising directly or indirectly from or connected with any and all participation in the Rocky Bayou CC Junior Golf Program.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorization for Emergency Medical Care

In the event the above named child/children should sustain emergency injuries or illness while participating in the Rocky Bayou CC Junior Golf Program, I hereby authorize the program's representative to administer, or cause to be administered, such first aid or other treatment as may be necessary under the circumstances, to include treatment by a physician or hospital if the parent or guardian is not available.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_