

2017 RBCC Junior Golf Clinics Registration Form

Child's Name(s): _____ Age: _____

_____ Age: _____

_____ Age: _____

Session Dates: **July 12th – 14th** **July 26th-28th**

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: _____