

2011
SILVER CREEK GOLF CLUB JR. GOLF PROGRAM
(CO-SPONSORED BY SENECA FALLS REC/PARKS &
WATERLOO REC DEPARTMENTS)

REGISTRATION FORM

PLEASE PRINT:

GOLFER'S NAME _____ DOB ____ / ____ / ____ GRADE ____ (as of 9/1/11)

ADDRESS _____ MALE ____ FEMALE ____

HOME PHONE# _____ EMERGENCY# _____

PARENT/GUARDIAN DATA:

NAME _____ SPOUSE _____

ADDRESS _____

PHONE#(DAY) _____ (EVE) _____ PHONE#(DAY) _____ (EVE) _____

EMPLOYER _____

.....
MY CHILD HAS ____ YEARS OF GOLF EXPERIENCE - PLEASE DESCRIBE BELOW:

LIABILITY WAIVER

I, the undersigned, agree to let my child participate in the Silver Creek Jr. Golf Program. I understand and agree that SILVER CREEK GOLF CLUB OWNERS AND MANAGEMENT, as well as the SENECA FALLS and WATERLOO REC DEPARTMENTS, their DIRECTORS, COMMISSIONS and OTHER ORGANIZERS, shall in no way be held liable for any injury received at any time during the program, or in going to or from Silver Creek Golf Club. I understand that it shall be my responsibility to transport my child to and from Silver Creek Golf Club.

GOLF is a sport which involves extensive physical exercise. I understand it is my responsibility, through consultation with our family physician, to insure that my child is fit to participate in this program.

I do, hereby, assume all NORMAL risks and hazards incidental to the conduct of the above named program. I further release, absolve, indemnify and hold blameless SILVER CREEK GOLF CLUB, the SENECA FALLS and WATERLOO RECREATION DEPARTMENTS or any of the personnel appointed by their COMMISSIONS and/or GOVERNING MUNICIPALITIES.

DATE

SIGNATURE OF PARENT/GUARDIAN

RETURN WITH PAYMENT TO: SILVER CREEK GOLF CLUB, 1790 E. RIVER RD., WATERLOO, NY 13165