

# 2010 Youth Golf Programs

Tech Valley Youth Golf - Greene County William A Gressick Jr. Golf

Name: \_\_\_\_\_ Gender: F M

Email: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Age Group (as of 9/1/10) : 5-6 7-8 9-10 11-12 13-14 15+

## I would like to sign up for:

- |  |   |
|--|---|
| <input type="checkbox"/> Lessons-At _____ course (Must be 7) | <input type="checkbox"/> SNAG (5-8 yrs)                     |
| <input type="checkbox"/> TV Youth Golf League                | <input type="checkbox"/> Tournaments (Must be 7 yrs old)    |
| <input type="checkbox"/> Professional Track                  | <input type="checkbox"/> Tournaments only no lessons        |
| <input type="checkbox"/> Golf Celebration                    | <input type="checkbox"/> Award Picnic-Date                  |
| <input type="checkbox"/> Clubs to purchase                   | <input type="checkbox"/> Borrow Youth Bureau Clubs          |
| <input type="checkbox"/> Inter-County Golf Competition       | <input type="checkbox"/> Rip Van Winkle Jr. Golf Trail Pass |

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**See reverse for cost and payment instructions**

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I am a:

- Beginner  
 Intermediate - Average 55-75 for 9 regulation holes  
 Expert - Score 110 or lower on 18 regulation holes

### Parental Consent:

I consent to allow my child \_\_\_\_\_ to participate in the above named Program. I understand and assume the risk and danger incidental to the game of golf, including but not limited to, the risk of my child being hit by an errant or misdirected golf shot, and the risk of my child causing injury to another person or damage to the property of another, and I release, and agree to hold harmless, Greene International Golf Association, Tech Valley Youth Golf, Greene County and all participating sponsors and all employees thereof from any and all liabilities resulting from such causes.

Initial \_\_\_\_\_

In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the authorized staff/designee in charge to arrange for x-rays, hospitalization, proper treatment and/or order injection, anesthesia, surgery, or dental care for my child named above.

Initial \_\_\_\_\_

I grant the above named programs the right to videotape, film, and photograph my child, and the right, in perpetuity, to use my child's name, likeness, biographical information and voice in all forms of media (including the internet) in connection with the advertising and promotion of the programs.

Initial \_\_\_\_\_

I have read and understand the rules, and codes of conduct for children and parents.

Initial \_\_\_\_\_

Please list anything that we would need to know in order for this to be a positive experience for your child

\_\_\_\_\_  
\_\_\_\_\_

Parents/Guardian Name

(printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_