

Please enter me in the following Tech Valley Youth Golf program:

- Introductory Golf Lessons** **Advanced Golf Lessons**
 Competitive Golf Lessons **Tech Valley Youth Golf League**
 Rip Van Winkle Junior Golf Trail

NAME: _____

Age Group 7-8 9-10 11-12 13-14 Gender: Boy Girl

DATE OF BIRTH
(MO/DAY/YEAR): _____

Address: _____

City: _____ State _____ Zip: _____

Parent's Phone: _____

Parent's Email: _____

Parental Consent:

I consent to allow my child (named above) to participate in the above Tech Valley Youth Golf 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 and all participating sponsors and all employees thereof from any and all liabilities resulting from such causes.

I grant Tech Valley Youth Golf 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 Tech Valley Youth Golf Celebration.

Parents Name
(printed): _____

Parents Signature: _____

Date: _____

**Send this form to :
Tech Valley Youth Golf
106 Flood Rd.
Westerlo, NY 12193
Questions: 518/797-3052**