## HONEYBROOK GOLF CLUB FREE JUNIOR CLINIC



INFORMATION & FORMS ARE AVAILABLE AT <u>www.HONEYBROOKGOLF.COM</u>

## CLINICS ARE FREE AND WILL BE HELD MONDAYS 6:30-7:30 PM BEGINNING MAY 5, 2014

For further info contact: Steve Dizel (717) 442-9066 Honeybrook Golf Club Pro Shop (610) 273-0207		
PLEASE PRINT CLEARLY/TURN IN FORM AT Golf SHOP		
Name:	Phone: ( )	
Last First E-mail: (Junior)	(Parent)	
	Age:Birthdate://	
	Sex: M F	
City/State Zip School:	Grade	
Father/Step Father Name:	Phone <u>:( )</u>	
Mother/Step Mother Name:	Phone <u>:( )</u>	
In case of emergency call (Name)	Phone: ()	
I give my permission for my son/d participate in the Honeybrook Go	aughter (Name) to If Club Free Junior Clinic.	

## Waiver of Responsibility, Emergency Treatment Authorization, and Health Care Coverage

I waive and release forever any and all rights and claims I may have against Honeybrook Golf Club, as well as the organizers and volunteers of the program, against any claim based on behalf of the participant.

I also release and agree to hold harmless, the above named from all claims of damages, demands, and actions in any manner due to any personal injuries, property damage, or death sustained. I attest and verify that my son/daughter is physically fit for this activity. I fully understand the risks inherent in this activity.

My son/daughter is voluntarily participating in this activity and agrees to conform to the rules/instructions of Honeybrook Golf Club and the program's adult volunteers.

If emergency treatment is required, I give permission for program volunteers and/or Honeybrook Golf Club's managers to use their judgment in calling for emergency services or sending my child to receive medical care (parents/guardians will be contacted as soon as possible). If I cannot be reached, I grant my permission for any necessary emergency first aid or medical treatment.

Parent/Guardian	Signature:
I arono ouaranan	Dignature.

\_\_\_ Date:\_\_\_