



HAGC / REDLAND JUNIOR GOLF
2023 SUMMER CAMP
REGISTRATION & PARTICIPANT PERMISSION FORM

Participant's Name: _____

HEALTH INFORMATION

Allergies: _____ Disability Information: _____

Other: _____

In the Event that I cannot be reached in an emergency, I agree to accept any all determination of need for medical assistance and/or administration of medical attention deemed necessary by HAGC / Redland Jr Golf, Inc. I hereby give permission to the medical personnel selected by HAGC / Redland Jr Golf, Inc. representatives to secure any and all medical, hospitalization, dental, and/or surgical treatment. In the event that such medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent / guardian.

Parent / Guardian Initials: _____

EQUIPMENT

I understand that any Golf Equipment received for use is the property of HAGC / Redland Jr Golf, Inc. program, and may be returned at the discretion of HAGC / Redland Jr Golf, Inc. facility upon the termination of the participant's involvement in the program.

Parent / Guardian Initials: _____

MEDIA RELEASE

I hereby give HAGC / Redland Jr Golf, Inc. and participating agencies permission to use film, video, and/or photographs of the above-mentioned minor for lawful promotional or informational purposes.

Parent / Guardian Initials: _____

I, the parent / legal guardian of the above-named youth, give approval for participation in HAGC / Redland Jr Golf, Inc. Sponsored activities. I assume all risks of injury whatsoever and agree to hold harmless HAGC / Redland Jr Golf, Inc. And Redland Golf and Country Club from claim(s) of any nature arising from any activity, including transportation, connected with HAGC / Redland Jr Golf, Inc. or program. This holds harmless agreement includes but not limited to, any claim due to injury proximately resulting negligence of HAGC / Redland Jr Golf, Inc. or Redland Golf and Country Club, its employees, agents, LPGA and PGA professionals, participating agencies, and volunteers. I consent to HAGC / Redland Jr Golf, Inc. and Redland Golf and Country Club communicating information regarding my child's participation via the internet.

Parent / Authorized Guardian Name: (PRINT) _____

Parent / Authorized Guardian Name: (Signature) _____

Date: _____