

Dos Rios Golf Club
2022 Junior Registration

Name of Student _____

Parent/Guardian _____

Home Address _____

Phone: Cell _____ Work _____

Email _____

Age _____ Child's Shirt Size _____ Gender _____

Medical Release Form

Emergency Contact _____

Insurance Company _____ Policy # _____

Family Doctor _____

(1) _____ Phone _____

(2) _____ Phone _____

I, _____, parent of guardian of _____, in consideration of my child's opportunity to participate in Junior Golf activities, hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of the Junior Golf Clinic, and hereby waive on behalf of myself and above named child any liability of Dos Rios Golf Club, any of its agents or employees, arising out of such medical treatment.

Signature of Parent/Guardian

Date