

# Moccasin Run

*Golf Club*



## JUNIOR GOLF PROGRAM

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: M F

Father / Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother / Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

In Case of Emergency, Call: \_\_\_\_\_ Phone: \_\_\_\_\_

I give my permission for my son/daughter \_\_\_\_\_ to participate in the Moccasin Run Junior Golf Program.

### 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 the Moccasin Run Golf Club, as well as the organizers and volunteers of the program, against any claim 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 Moccasin Run and the program's adult volunteers.

My son/daughter also agrees to follow the rules and regulations provided by the junior program and Moccasin Run Golf Club. Privileges can be modified or withdrawn if not followed.

If emergency treatment is required, I give permission for program volunteers and/or Moccasin Run'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.

For questions, please contact us at [info@moccasinrun.com](mailto:info@moccasinrun.com)  
or the Pro Shop at (610) 593-2600