



MidCoast Junior Golf Association (MCJGA.COM) REGISTRATION FORM

Visit MCJGA.com for program information, schedules and forms

Please complete the form, have a parent or guardian sign it, and mail it to MCJGA along with your membership fee to:

MCJGA
P.O. Box 164
Rockport, ME 04856

Signed Form **Enclosed \$25** **Additional Donation**

Regular Membership Fee is \$25.00. Please consider an additional contribution to MCJGA to support instruction, equipment, and scholarships Please make checks payable to: "MCJGA"

PLAYER'S INFORMATION

MEMBER'S NAME: _____
BIRTH DATE: _____
ADDRESS: _____
CITY: _____ **ST:** _____ **ZIP:** _____
HOME PHONE: _____
SCHOOL: _____
GRADE: _____

PRIMARY EMAIL: _____
(will be used for reminders and updates)
PREV EXPERIENCE: _____ yrs
RECENT SCORE: _____ (9 holes)
HANDICAP: _____
HOME COURSE: _____

Division (see <http://mcjga.com/registration.cfm> for descriptions): _____

PARENT/GUARDIAN INFORMATION

MOTHER'S NAME: _____ **PRIMARY CONTACT:** _____

FATHER'S NAME: _____ **CONTACT PHONE:** _____

PARENT/GUARDIAN WAIVER AND MEDICAL CONSENT

THE QUALITY AND SUCCESS OF OUR PROGRAMS DEPENDS ON THE SUPPORT AND PARTICIPATION OF PARENTS. FROM TIME TO TIME WE MAY CALL ON YOU TO HELP. WE ARE GRATEFUL FOR YOUR ASSISTANCE!

As the parent or legal guardian of the child named here, I hereby give my consent and approval for my child to participate in the events of MCJGA and grant MCJGA permission to use my child's image, or likeness thereof, in print or other media. The child's likeness may appear in a number of different media, such as newspaper advertisements, magazines, collateral brochures or the MCJGA website and agree to this photo release with the knowledge that I and the child have not been paid for our services. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the MCJGA and any of the courses/facilities at which events take place, including their trustees, officers, employees, coaches, sponsors, supervisors and representatives from any and all claims arising out of such injury as may be suffered by my child or any other member of my family as a participant or spectator in the normal course of participation in the event/sport and the activities incidental thereto, whether the result of negligence or any other cause. I understand that insurance for medical expenses is NOT provided and is solely my responsibility.

PHYSICAL LIMITATIONS: _____ **ALLERGIES** _____

FAMILY PHYSICIAN _____ **PHONE** _____

MEDICAL INSURANCE CARRIER _____ **POLICY #** _____

In the event that the above-named child is injured and I cannot be reached in an emergency, I hereby give my permission to obtain emergency transportation if necessary and to any first responder or physician to hospitalize, secure proper treatment for and if required, to order injection, anesthesia or surgery for my child. In the event I am not available in an emergency, please notify:

1. NAME _____ PHONE _____ RELATIONSHIP _____

SIGNATURE (PARENT OR GUARDIAN) _____ **DATE:** _____

(Financial assistance is available upon request. Contact a MCJGA Trustee or Club Pro for more details)

Email questions to info@mcjga.com