

FALL LEAGUE @ the Par 29 Registration

Please complete an application (both pages) for **EACH CHILD** and mail with payment.

FEE: \$200

Child's Name: _____

Address: _____

Street

City

State

Zip

Parent/Guardian Name(s): _____

Cell #: _____

Email: _____

Child's Age _____ Gender: M F

Will your child require clubs? _____ If yes: RH or LH (circle one)

Does your child have any allergies or special needs? If so, please list below:

We accept Cash or Checks.

Please make all checks payable to: **Saratoga Spa Golf**

Saratoga Spa Golf

Attn: Junior Golf

60 Roosevelt Drive

Saratoga Springs, NY 12866

Phone: 518.584.2006 x11

Saratoga Spa Junior Golf Release and Waiver Form

The purpose of this form is to inform you of your rights when participating in physical activity at Saratoga Spa Golf. Any program of physical activity will involve a certain amount of strenuous exercise and personal risk. Please provide on the bottom of this form, the name(s) and address(es) of person(s) to notify in the case of an emergency while your child is attending camp.

In consideration of the content of Saratoga Spa Junior Golf, I hereby assume all risk of injury or damage to my property, whatever occurring, and however long said physical activity course may continue, and I hereby release Saratoga Spa Golf, its officers, agents, or employees from any and all claims and demands or liabilities for any injury to my child, including death; or to my property in any way arising out of incidental activity course, except such injuries or damage caused solely by the gross negligence or willful misconduct of officers, agents, or employees of the facility.

By signing this form, Saratoga Spa Golf also has the right to take photos, videos, or digital recordings and use them in any and all media for SSG. In addition, your child(s) identity may be revealed therein or by descriptive text or commentary.

Please note: Saratoga Spa Golf does not provide any insurance coverage for students enrolled in this program.

I have read and understand, the above information regarding my child's participation in the Junior Golf program at Saratoga Spa Golf.

Parent Name

Please Print

Sign

Parent/ Guardian Signature

Date

Child's Name

Please Print

Emergency Contact - Must Complete

Name/Relationship

Phone #
