2012 Junior Golf League Registration Application

*****Limited to first 24 applicants*****

*****Applicants must have prior golf experience to participate in the league*****

Name_____ Date of Birth _____

Address_____ City, State, Zip _____

Telephone No. _____ School _____ Age _____

Sex _____

Having been informed of the organization of Recreation Activity Programs to provide supervised activities for the youth of Scott County, Virginia, I/We, the Parents/Guardian of the above child do hereby give my/our approval to his/her participation in any and all of the activities during the current season and/or any seasons thereafter. I/We assume all the transportation to and from these activities, and I/We do hereby release, absolve, indemnify and hold harmless any of the organizers, sponsors and supervisors. In case of injury to my/our child, I/We hereby waive all claims against the organizers, sponsors, or any of the supervisors/coaches appointed by them. I/We likewise release from responsibility any person transporting my/our child to and from these activities.
I/We understand that we as parents/guardians are responsible for child/children at all times in terms of his/her/their individual safety and any damage that facilities may incur due their presence. I/We also understand that we are responsible for any of our children that we allow to be present at any activity who is/are not registered for said activity. It is understood that children not participating and registered are better left elsewhere as this is not a baby/child sitting or day care service.

Scott County cannot provide medical insurance for injuries to participants. Does your child have medical insurance coverage?

YES NO

If yes, list the name of the insurance company and ID or policy No.

_____

In the event of injury please contact me at _____ (emergency telephone number). If I cannot be reached, I hereby consent to transportation by ambulance of my child to the nearest medical facility for medical treatment at my expense if deemed necessary by the coach or supervisor of this activity.
I/We understand that assignment of my/our child to any particular team or league by the operators of this program shall be left to the discretion of the supervisors of these programs.

Junior golf is available to boys and girls ages 9-14. Ages 9-11 will constitute a league and ages 12-14 will constitute a league. Note: Any child that turns 9 years of age by May 30 will be eligible to play. Costs are: $30 per person and $50 per family.

LEAGUE DATES ARE: June 6, 13, 20, 27; July 11, 18 (make-up day is July 25)

MAKE CHECKS PAYABLE TO SCRD - **DEADLINE TO REGISTER IS May 30, 2012**.

You may mail applications to: Scott County Rec. Dept.; 247 Fore Dr., Suite 201; Gate City, VA 24251, deliver to the Rec. Dept. or return the completed applications to your child's-school office prior to the deadline. My/Our child is now _____ years old. If you have any questions, please call the SCRD at 276-452-2442.

Parent/Guardian signature _____ Date _____

Parent: Will you volunteer in any other capacity? YES NO