

NEWPORT NEWS JUNIOR GOLF MEMBERSHIP REGISTRATION

Membership Number: _____

Jr. Golfer's name: _____ Date of Birth: ___/___/___

Street Address: _____

City: _____ State: _____ Zip: _____

Name of Parent(s)/Legal Guardian(s)*: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Mobile Phone: (____) _____

Work Phone: (____) _____ Email address _____

Emergency Contact Information if parents can not be reach: (MUST be completed)

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Mobile Phone: (____) _____

Waiver

I acknowledge that my child's is a member of the Junior Golf Membership at Newport News Golf Club at Deer will be outdoors, often in direct sun with minimal shade, and around wooded areas. I understand there is a chance of my child coming into contact with the following hazards including (but not limited to): ticks, chiggers, poison ivy/oak, and bees. I further acknowledge that the site and its staff are not responsible for any bug bites, sunburns or possible illnesses that may result from my child participating. My signature below authorizes the staff at Newport News Golf Club at Deer to request emergency treatment for my child if the situation warrants and I am unable to be contacted.

Signature of Parent/Legal Guardian

Date