



Newport Country Club

Junior Golf 2017

"JUNIOR GOLF CAMP REGISTRATION"

I/We give permission for our child to participate in the Newport Country Club Junior Golf Camp (June 26th – June 30nd), realizing that such activity involves the potential for injury, which is inherent in all sports. In the event of an injury or an illness and we, the parent/guardian, cannot be contacted, we give permission to Newport Country Club to allow the golf professional or his assistant to make the decision as to the care and transportation of our child to the appropriate emergency medical facility.

I/We give permission for Newport Country Club to release publicity information including photographs of our child to the general public through the media, radio, newspaper, TV, or the Internet.

Registration is Sunday, May 21st, from 9 – Noon.

Jr. Golfer _____ Age _____

Contact person _____

Email Address _____

Cell Phone # (for weather updates) _____

Emergency Contact and Phone # _____

Member's Name (If Applicable) _____

Relationship to Member:

Parent _____

Grandparent _____

Attended Golf Camp last year?

Yes _____

No _____

Size of Golf Shirt desired:

YS _____

YM _____

YL _____

AS _____

AM _____

What do you consider to be your level of play?

Never played _____

Beginner _____

Intermediate _____

Advanced _____

Do you have your own clubs?

Yes

No

Signature: _____

Relationship to child: _____

Date: _____