

2019 Junior Golf Registration & Medical Release Form

***\$160 per junior
(\$120 per additional sibling)***

Parent's Names _____

Email _____

Home Phone _____

Emergency Phone _____

Student's Name _____

1 _____ **# of Holes** _____ **Age** _____

2 _____ **# of Holes** _____ **Age** _____

3 _____ **# of Holes** _____ **Age** _____

TO BE SIGNED BY PARENT OR GUARDIAN

I hereby release Meadia Heights Golf Club and the Junior Golf Staff from any and all liability from accident(s) that might occur while my child is participating in the Meadia Heights Junior Golf Camp. If my child is ill or injured and needs emergency care and I cannot be reached, contact a doctor or take him/her to the nearest hospital for emergency treatment. My signature indicates my permission to take the necessary action and administer treatment, and I agree to assume all responsibility and expenses incurred at such time.

Signature of Parent or Guardian _____

Date _____

Checks made out to Scott Sklar
Please complete and return this application to the golf shop
Meadia Heights Golf Club
402 Golf Road
Lancaster, PA 17602
717.393.9761