

DATE \_\_\_\_\_

EAGLES  
OF  
PALM COAST, FL

**YOUTH GOLF REGISTRATION FORM**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE NO. \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

ALLERGY OR MEDICAL CONDITION \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

EMERGENCY CONTACT # \_\_\_\_\_

**PARENT/GUARDIAN CONSENT**

I \_\_\_\_\_ HEREBY GIVE PERMISSION  
FOR \_\_\_\_\_ TO PARTICIPATE IN THE  
GOLF OUTING AND INSTRUCTION PERIODS PROVIDED BY THE EAGLES GOLF CLUB OF  
PALM COAST, FL. FURTHERMORE, I DO NOT HOLD THE EAGLES GOLF CLUB OF PALM  
COAST LIABLE FOR ANY INJURIES, ACCIDENTAL OR OTHERWISE, THAT MAY OCCUR  
TO \_\_\_\_\_ DURING THE OUTING, EITHER ENROUTE TO/  
FROM THE GOLF COURSE, ON THE GOLF COURSE, DURING THE INSTRUCTIONAL  
PERIOD, AND AT THE PRACTICE FACILITIES.

SIGNATURE \_\_\_\_\_