



2019 Jr. Golf League Registration Form



For ages 9 to 15

Please Print

Limit 160 – Registration Deadline—open until limit of 160 is enrolled or May 24, whichever comes first.

Participants Name _____ Birth Date _____

Address _____ Gender _____ Male _____ Female

City _____ Zip _____ Day Phone (____) _____

Home Phone (____) _____ Emergency Phone (____) _____

T-Shirt (check one) Youth Sizes: _____ Medium _____ Large

Adult Sizes: _____ Small _____ Medium _____ Large _____ XLarge

Going Green: League Schedules & Information will be e-mailed to all participants.

Please provide an E-mail address: _____

Registration Choices (check one):

<u>Options</u>	<u>Program ID#</u>	<u>Fees</u>
<input type="checkbox"/> League Only	20055-01	\$ 93 Resident/\$97 Regular
<input type="checkbox"/> League & Season Pass	20055-01 + AOGRJRL	\$193 Resident
	20055-01 + AOGNRJRL	\$197 Regular

Individuals

If you are registering as an individual and do not have anyone you wish to play with, we will try and assign you to a foursome with participants of a similar age.

Twosome & Foursomes Requests Only:

Participants may register with friends in either a twosome or foursome. We will try our best to place you with the friends you requested, but they must also have requested on their form to be with you. To help guarantee that you are with your friends, we suggest that everyone submit their completed forms at the same time stapled together. Threesomes make it impossible to combine groups into foursomes, therefore groups submitting requests for a threesome may be broken up to form foursomes, but we will try to keep your group together if possible.

List the names of up to three people that you would like to have in your group.

Person # 1 _____ Person # 2 _____

Person # 3 _____

Special Accommodations: Please list any medications currently being taken or describe special accommodations needed for successful inclusion into the program: _____

Payment Information:

Payor's Name _____

Father's Name: _____

Mother's Name: _____

Credit Card

American Express Discover MasterCard Visa

Card Number _____

Card Holder's Name _____

Expiration _____ CID# _____ (last 3 digits on back)

Amount Charged \$ _____

Authorized Signature _____

Check/Money Order– Make payable to:
"Bartlett Park District"

Mail or drop-off at Registration Office, 700 S. Bartlett Road, Bartlett, IL 60103 or FAX to (630) 540-4869 and call us the same day (630) 540-4800 to verify receipt of fax.

(Over)

Waiver and Release of All Claims

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in Park District program(s) that you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of Park District program(s).

1. I recognize and acknowledge that there are certain risks of physical injury to participants in Park District program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).
2. I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program(s) against the Park District and its officers, agents, servants, and employees.
3. I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss of which I or my minor child/ward may have or which may occur to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).
4. I further agree to indemnify and defend the Park District and its officers, agents, and employees from any and all claims from injuries, including death, damages, and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities or the program(s).
5. In the event of any emergency, I authorize Park District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child's/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I, the undersigned, have fully read and understand the above waiver and release of all claims.

If registering by facsimile signature shall substitute for and have the same legal effect as an original form signature.

Signature of Parent or Guardian (If 18 years or older) Date