



2021 Jr. Golf League Registration Form

(League is for ages 9 to 15 years)



Registration Deadline - open until May 27, 2021 or until max. of 160 is enrolled (whichever comes first)

Participants Name: _____ Birth Date: _____

Address: _____ Gender: Male Female

City: _____ Zip: _____ E-mail*: _____

*League schedules and information will be e-mailed to all participants through Constant Contact.

Cell Phone: (____) _____ Alternate Phone: (____) _____

T-Shirt Size: Youth: Medium Large
 Adult: Small Medium Large X-Large

Registration Options (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	\$218 Resident
<input type="checkbox"/> League & Season Pass	20055-01 + AOGNRJRL	\$222 Regular

I understand there can be no player substitutions in this league. Parents Initials: _____

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 request to be with you on their form. 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.

List the names of up to three people that you would like to be in your group:

Player #1: _____ Player #2: _____ Player #3: _____

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

Payment Information:

Credit Card: American Express Discover MasterCard Visa
 Card Holder's Name: _____ Card Number: _____
 Expiration: _____ CID#: _____ (last 3 digits on back) Amount Charged: \$ _____
 Authorized Signature: _____

Check (Made payable to Bartlett Park District) Amount: _____

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