



2025 Jr. Golf League Registration Form

(League is for ages 9 to 15 years)



Registration Deadline - open until Friday, May 30, or until max. of 160 are enrolled (whichever comes first)

Participants Name: _____ Birth Date: _____

Address: _____ Gender: Male Female

City: _____ Zip: _____ Cell Phone: _____

E-mail*: _____ Alt. Phone: _____

***League schedules and information will be emailed to all participants through Constant Contact.**

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

Registration Options (check one):

Options	Program ID#	Fees
<input type="checkbox"/> League Only	20055-01	\$100 Resident/\$105 Regular
<input type="checkbox"/> League & Season Pass	20055-01 + Season Pass-Junior League	\$230 Resident/\$235 Regular

Payment Information:

Credit Card: American Express Discover MasterCard Visa

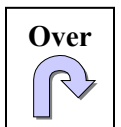
Card Holder's Name: _____ Card Number: _____

Expiration: _____ CID#: _____ (last 3 digits on back) Amount Charged: \$ _____

Authorized Signature: _____

Check (Made payable to Bartlett Park District)

Mail/drop-off at Bartlett Community Center | 700 S. Bartlett Road | Fax: (630) 540-4869 | E-mail: registration@bartlettparks.org



I understand there can be **NO** player substitutions in this league. *Parent 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 group with participants of a similar age.

Twosome, Threesome & Foursomes Requests: Participants may register with friends in either a twosome, threesome 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.

List the names of your twosome, threesome or foursome:

Player #1: _____ Player #2: _____

Player #3: _____ Player #4: _____

Tee Times: Tee times rotate on a weekly basis. The junior golfer's full list of tee times will be emailed to you on or around Friday, June 3rd.

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

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