



Hidden Greens Junior League

Registration Form

Thursdays, July 6th - August 24th

Golfers Name: _____ Date: _____

Address: _____

Phone: _____ Age: _____ Gender: M or F

Family email: _____

Emergency Contact

Name: _____ Phone: _____

Mother/Guardian: _____ Phone: _____

Father/Guardian: _____ Phone: _____

Name(s) of person(s) to whom the child may be released to:

T-Shirt size: Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large Adult XL

Mail or bring registration form to: Hidden Greens Golf Course
Attn: Junior League
12977 200th Street East
Hastings, MN 55033

Jr. League Registration Fee: \$15 (cash or check to be sent with registration form)

Additional \$15 Green Fees are collected weekly, and only on the days attended. Do not send with this registration.



Hidden Greens Golf Course Junior League Waiver

PARTICIPANT NAME: _____

Please Print

Date: 7/ 7/16 - 8/25/16

I/We, the parents/guardians of (PARTICIPANT NAME) _____, request that Hidden Greens Golf Course allow my son/daughter to participate in the activity described. In consideration of my son/daughter's participation in this event and the benefits to them that are anticipated from such participation, Members, parents, and any relatives of members (Indemnitors) agree to indemnify and hold harmless Hidden Greens Golf Course, its sponsors, and their respective agents, employees, owners, players, officials and staff ("Indemnitees") from and against, and to reimburse such Indemnitees with respect to, any and all loss, damage, liability, cost, or expense, including reasonable attorneys' and consultants' fees and disbursements, incurred by such Indemnitees by reason of or arising out of or in connection with any negligence or misconduct of the Indemnitors or their agents and/or players while members are participating in any event or function connected with Hidden Greens Golf Course. I/we understand that volunteers may be attending this event and assisting in the supervision of my son/daughter. As a participant of the Hidden Greens Junior Golf League you are authorizing the use of any photographs or likeness taken of the applicant named on this application during the participation of any Hidden Greens Golf Course event to be used by Hidden Greens Golf Course for publicity purposes.

I/We have read, understand, and agree with the above statements.

Date

Parent/Guardian Signature

Emergency Contact Name: _____ Phone Number: _____

Please list any pertinent medical information:

