



Greater Trenton Junior Golf, Inc.

P.O. Box 7190
Trenton, New Jersey 08628

2005 Registration

Applicant Information:

Last Name _____ First Name _____ MI _____

Date of Birth: _____ Gender: Boy / Girl Age _____ Phone: _____

Skill Level:

Please specify the level of experience that best describes your child:

Never Played

Plays Sometimes

Plays Often

Parent/Guardian:

Last Name: _____ First Name: _____

Relationship: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact:

Last Name: _____ First Name: _____

Relationship: _____ Home Phone: _____ Work Phone: _____

Medical Information:

Allergies: _____

Medical Problems: _____

Medications: _____

Other Pertinent Information: _____

Consent:

I/We, the parent(s)/guardians(s) of the above-named applicant, hereby give permission to my/our child's participation in any and all Greater Trenton Junior Golf Program activities. I/We hereby waive, release, indemnify, and hold harmless, the Greater Trenton Junior Golf Program, its officers, managers, coaches, sponsors, participants and persons transporting my child to or from activities, from any claim(s) arising out of injury to my/our child. I/We agree to abide by the Greater Trenton Junior Golf Program's rules, guidelines and policies.

Signature of Parent/Guardian: _____ Date: _____

I/We, the parent(s)/guardians(s) of the above-named applicant, hereby give permission to Greater Trenton Junior Golf, Inc. to take, collect and utilize photographs, film, and other print media of my child during training sessions and other activities of Greater Trenton Junior Golf Inc. for the sole purpose of promoting Greater Trenton Junior Golf, Inc. organization.

Signature of Parent/Guardian: _____ Date: _____

