

Youth Summer League Registration Form

YOUTH'S NAME _____ AGE _____

ADDRESS _____

TELEPHONE #: _____ PROGRAM? MON TUE WED
(CIRCLE ONE) (GIRLS ONLY)

EMAIL ADDRESS: _____

EMERGENCY INFORMATION:

DOES YOUR CHILD HAVE ANY ALLERGIES OR HEALTH CONCERNS?

IF YES, PLEASE EXPLAIN: _____

CHILD'S DOCTOR: _____

TELEPHONE #: _____

IN CASE OF EMERGENCIES, PROVIDE US WITH TWO FRIENDS OR RELATIVES TO CONTACT IN CASE YOU ARE NOT AVAILABLE:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

I HEREBY GIVE PERMISSION FOR MY SON/DAUGHTER TO PARTICIPATE IN YOUTH SUMMER LEAGUE, AND FOR INDIAN SPRINGS' STAFF TO ADMINISTER EMERGENCY FIRST AID.

INDIAN SPRINGS

SIGNATURE: _____ DATE: _____

PAYMENT OF REGISTRATION FEE RESERVES YOUR CHILD A SPACE! MAKE CHECKS PAYABLE TO INDIAN SPRINGS GOLF CLUB. THANK YOU!

Mail to: ISGC 132 Mack Road, Middletfield, CT 06455