



# 2019 YOUTH SUMMER PROGRAMS Registration Form

Participant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (C) \_\_\_\_\_

Email (get Yankee Trace info) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

\* Refer to the 2019 Instruction and League Brochure or website for dates and times for each youth program.

\* Make check payable to: The Golf Club at Yankee Trace, 10,000 Yankee St, Centerville, 45458

\* All other methods of payment must be made in person i.e., cash, credit card, gift card etc.

### Check appropriate box(s)

Youth Summer Camp I (\$160)       Youth Player's Camp I (\$175)

Shoe Size \_\_\_\_\_

Youth Summer Camp II (\$160)       Youth Saturday Clinic (\$65)

Shoe Size \_\_\_\_\_

May \_\_\_\_\_ June \_\_\_\_\_ July \_\_\_\_\_ Aug \_\_\_\_\_

Total # of Programs \_\_\_\_\_ Total Amount Due \_\_\_\_\_

I/We recognize the possibility and risk of injury associated with my/our child's participation in the youth summer programs. In consideration of the City of Centerville's accepting my/our child as a registrant for and participant in the program, as the parent/legal guardian of the above named person, I/we hereby release, discharge and/or otherwise indemnify the City of Centerville and the Golf Club at Yankee Trace and agree not to seek or to hold City of Centerville or the Golf Club at Yankee Trace responsible, its agents, employees, and the above-named sponsor from any claim(s) by or on behalf of the above named child or myself/ourselves for injuries of any kind, including but not limited to those caused or allegedly caused by the negligence of City of Centerville and the Golf Club at Yankee Trace, its Council members, its agents, or its employees, as a result of or in connection with the child's participation in the youth summer programs and related activities. I understand that per Ohio "Return to Play Law" an athlete exhibiting signs, symptoms, or behaviors consistent with having sustained a concussion or head injury from practice or competition shall be removed from play. Also, I understand that an individual shall not be allowed to return to the practice or competition from which the individual was removed, or to participate in any other practice or competition until the individual has been assessed and cleared for return by a physician or by any other licensed health care provider authorized by youth sports organizations. **WE HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS. WE UNDERSTAND THAT WE WAIVE SUBSTANTIAL RIGHTS BY SIGNING THIS FORM. WE AGREE TO WAIVE ALL SUCH RIGHTS ABOVE INCLUDING THE RIGHT TO FILE A LEGAL ACTION OR ASSERT A CLAIM FOR PERSONAL OR PHYSICAL INJURY OR DEATH OF ANY KIND. WE SIGN THIS RELEASE FORM FREELY OF OUR OWN FREE WILL.**

\_\_\_\_\_  
Signature of Parent/Guardian

Date Paid \_\_\_\_\_ Receipt Number \_\_\_\_\_ Staff Signature \_\_\_\_\_