

**SILVER CREEK JUNIOR GOLF CAMP
SENECA FALLS RECREATION & PARKS**

PLEASE PRINT!

NAME _____ GRADE _____ (AS OF 9/1/18)

ADDRESS _____ SEX: _____
MALE _____ FEMALE _____

PHONE# _____ CURRENT AGE _____ DATE OF BIRTH ____/____/____

PARENT/GUARDIAN DATA or PARTICIPANT DATA:

NAME _____ SPOUSE _____

ADDRESS _____ ADDRESS _____

PHONE# _____ (DAY) _____ (EVE) _____ PHONE#(DAY) _____ (EVE) _____

EMPLOYER _____
EMPLOYER _____

EMERGENCY CONTACT
NAME _____ PHONE _____

FAMILY EMAIL ADDRESS: _____

PLEASE LIST ANY ALLERGIES: _____

T-SHIRT SIZE: PLEASE CIRCLE

6-8 10-12 14-16 AD SM AD MED AD LG AD XL AD 2X

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LIABILITY WAIVER

I, the undersigned, agree to participate or let my child participate in the Seneca Falls Recreation & Parks Commission program indicated above. I understand and agree that the SENECA FALLS RECREATION & PARKS COMMISSION, its DIRECTORS, MANAGERS, COACHES, TOWN of SENECA FALLS OFFICIALS and OTHER ORGANIZERS shall in no way be held liable for any injury received at any meeting of the above named program. I understand that it shall be my responsibility to transport my child or myself to and from this program.

I do, hereby, assume all NORMAL risks and hazards incidental to the conduct of the above named program. I further release, absolve, indemnify and hold blameless the SENECA FALLS RECREATION & PARKS COMMISSION or any of the personnel appointed by that COMMISSION or the TOWN OF SENECA FALLS.

PARENT/GUARDIAN or PARTICPANT SIGNATURE

DATE