



# JUNIOR *GOLF PROGRAM*

## *REGISTRATION FORM*

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Contact No: \_\_\_\_\_

Does your child have any allergies or medical condition's ? \_\_\_\_\_

**Wavier and release of liability:** As a parent/ guardian of my child, I agree that I will not hold GGC/ Geraldton Pro Shop liable for any personal injury, property damage or loss of insurance. I agree to release and hold harmless GGC/ Geraldton Pro Shop from all liability incurred as a result of my child's participation in Junior Golf Program and these terms serve as a release for me, volunteer's, club members.

Date: \_\_\_\_\_ / \_\_\_\_\_ / 2024

Parent/ Guardian Signiture: \_\_\_\_\_



### **Admin Use**

PAID \$99 CASH  EFT

Call Pro Shop 99 64 1911  
or register online [golf.org.au](http://golf.org.au)