



MEMBER EMERGENCY CONTACT AND MEDICAL INFORMATION

Member Name:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
--------------	---------------------------------	-------------------------------

Date of Birth:

Parent's/Guardian's Name:	Parent's/Guardian's Name:
---------------------------	---------------------------

Home Phone:	Home Phone:
-------------	-------------

Work Phone:	Work Phone:
-------------	-------------

Address:	Address:
----------	----------

City, ST ZIP Code:	City, ST ZIP Code:
--------------------	--------------------

Alternative Emergency Contacts

Primary Emergency Contact:	Secondary Emergency Contact:
----------------------------	------------------------------

Home Phone:	Work Phone:	Home Phone:	Work Phone:
-------------	-------------	-------------	-------------

Address:	Address:
----------	----------

City, ST ZIP Code:	City, ST ZIP Code:
--------------------	--------------------

Medical Information

Hospital/Clinic Preference:

Physician's Name:	Phone Number:
-------------------	---------------

Insurance Company:	Policy Number:
--------------------	----------------

Please check ALL that apply: <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Allergies	Please Explain:
---	-----------------

Special Health Considerations:

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. In the event I/We cannot be reached, I/We agree to accept all determinations of need for medical assistance and/or administration of medical attention deemed necessary by **Roaring Lambs International Junior Golf Academy** representatives. I hereby give permission to the medical personnel selected by **Roaring Lambs International Junior Golf Academy** representatives to secure any and all advised medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures. In the event that such medical attention is needed, all costs of such care shall be borne by the parent(s) or guardian(s).

Parent's/Guardian's Signature:	Date:
--------------------------------	-------

Parent's/Guardian's Signature:	Date:
--------------------------------	-------

I give permission for my child to participate all **Roaring Lambs International Junior Golf Academy** activities. I release **Roaring Lambs International Junior Golf Academy** and individuals from liability in case off accident during activities related to **Roaring Lambs International Junior Golf Academy**, and agree to hold harmless **Roaring Lambs International Junior Golf Academy** from claims of any nature arising from any activity, including transportation connected with **Roaring Lambs International Junior Golf Academy**. This hold harmless agreement includes, but is not limited to any claim due to injury resulting from negligence of **Roaring Lambs International Junior Golf Academy**, its employees, agents, PGA and LPGA professionals, participating agencies and volunteers.

Parent's/Guardian's Signature:	Date:
--------------------------------	-------

Parent's/Guardian's Signature:	Date:
--------------------------------	-------