



MEMBERSHIP APPLICATION

MEMBER INFORMATION

Member Name:

Date of birth:

Age:

Sex:

Female

Male

Current address:

City:

State:

ZIP Code:

School Attending:

Current Grade Level:

Race (*optional*):

African-American

Caucasian

Hispanic

Asian

Native American

Other

PARENT/LEGAL GUARDIAN INFORMATION

Parent / Legal Guardian:

Current address:

Relationship:

Phone:

Cell Phone:

Email:

City:

State:

ZIP Code:

SPOUSE INFORMATION

Name:

Phone:

Cell Phone:

Email:

EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

CONSENT

I/We 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.

I/We 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 even 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).

I/We hereby give **Roaring Lambs International Junior Golf Academy** and participating agencies permission to use any film, videotape or photographs of the above mentioned minor for lawful promotion or informational purposes ONLY.

SIGNATURES

Signature of Parent/Legal Guardian:

Date:

Signature of spouse:

Date: