## WICHITA JUNIOR GOLF FOUNDATION REGISTRATION

	Time 4		
Last (please print)	First	Male	Female
Home address (including city and zip code)		Home pho	one
Mother's name	Employer_		
Cell phone	Work phon	e	
Father's name	Employer_		
Cell phone	Work phon	e	
Preferred email address			
Non-emergency messages may be sent via communication (i.e. home phone, mother's		·	
JUNIOR GOLFER'S EXPERIENCE:			
<ol> <li>Played in junior golf program la</li> <li>9 hole average score</li> <li>Other golf experience? Please</li> </ol>	18 hole avera	ge score	
GOLF EQUIPMENT			
<ol> <li>Has own clubs?</li> <li>Needs to borrow clubs?</li> </ol>	RightLeft	Child's heigh	nt
Junior Golf is made possible by volunteers (need not be a golfer)	-	•	• •
I want my child to participate in this Junior		andparent, guardi	an signature
WAIVER: In consideration of the agreement by to participate in the WJGF program, the underst executors and administrators, waive to the fuller may have for damages against WJGF and all insuccessors and assigns for any and all injuries shall at all times comply with any instructions go shall not intentionally interfere with the safe enjury way obligate WJGF or any individuals associated.	signed does hereby for the est extent permitted by law ndividuals associated with suffered by the participan iven by WJGF and all indiviousment of the event by other.	participant, his/her any and all claims a this program, their ratin connection with viduals associated wher participants. The	parents, heirs, any of the foregoing representatives, program. Participant with this program and e foregoing shall in no
Parent, grandparent, guardian signature	·		

Should your child be unable to participate in the program, please notify leader before the starting date so another child on the waiting list may attend.

11/11/09 D. Matthew