CAREY PARK **GOLF COURSE** JUNIOR GOLF REGISTRATION FORM



Circle:	CLINIC	CAMP	LEAGUE	Session	Time	
Participant's Name					Age	
Address			City		Zip	
Name of Parent\Guardian				Phone		
In case of em	ergency, noti	fy (other than	parent\guardian)			
Name				Phone		

PARTICIPANT\PARENT AGREEMENT

- 1. I hereby recognize and acknowledge that participation in recreational activities may involve bodily or emotional injury to me and/or my child. In consideration of my child being permitted to participate in such events, I hereby voluntarily and knowingly release, waive, and discharge the City of Hutchinson, its officers and employees from and all liability that may result from my child's participation in Parks & Recreation activities.
- 2. As per City of Hutchinson procedures, the Golf Division may withhold 25% of the refund (program registration fee) for administrative costs. All refunds must be requested in person, accompanied with a written refund request, and no refunds shall be given after the first day of the program. I agree to pay City of Hutchinson all costs incurred, together with reasonable attorney's fees in the event that my account is referred to the City of Hutchinson Attorney's Office for collection. I understand that an account delinquent 30 days or more will be turned over the City of Hutchinson Attorney for collection.
- 3. I hereby authorize Carey Park Golf Course program staff to act on my behalf in accordance with their best judgment in case of an emergency and agree to assume full responsibility for all medical expenses that may arise.
- By signing this document, I acknowledge that I have read its contents and disclosures and that I 4. agree to its terms
- City of Hutchinson provides equal opportunity to participate regardless of race, creed, sex, or 5. ability to pay, and will, upon request provide reasonable accommodations to individuals with disabilities.

Signature	_Date	
Would you like to receive Junior Golf information via email?	Yes	No
Email Address		