



Auburn Valley Golf Club Jr. Program Application

Name:

Address:

City:

Zip:

Date of Birth:

Age:

Gender:

Shirt Size:

Email:

Parent (s) Names:

Program: Circle one or all

Member Only

Summer Camp

Summer Program

Fall Program

Release of Liability

I hereby authorize any of the Auburn Valley Golf Club Staff members to act for me according to their best judgment in an emergency requiring medical attention and hereby waive and release the staff from any and all liability for any injuries and or illness incurred. I/ We assume all risk of injury whatsoever and agree to hold harmless AVGC facility and programs from claim(s) of any nature arising from activities at the course. I/ We consent to the communication of information regarding my child's participation with AVGC via the internet . I hereby give AVGC permission to use film, videotape, and or photography for lawful promotional purposes. For safety reason, discipline will be strict and a violation of discipline could involve a call to a parent or guardian for arrangements for your junior to return home.

Date:

Parent or Guardian Signature:

Name Printed: