

Chase Hammond Golf Club
2017 Junior League
Permission Form

NOTE TO PARENTS / GUARDIANS: No child may participate in Junior League at Chase Hammond Golf Club without first submitting this permission form.

* One permission form required per family. Please list sibling participants individually.

(1) Participant Name: _____ Age: _____

(2) Participant Name: _____ Age: _____

(3) Participant Name: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please list any special needs of participants (allergies, disabilities, etc.): _____

Parent / Guardian / Emergency Contact Name: _____

Parent / Guardian / Emergency Contact Email Address: _____

Parent / Guardian / Emergency Contact Cell Phone Number: _____

WAIVER: I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages and losses I may have against Chase Hammond Golf Club, the golf instruction staff, employees, and representatives for any and all injuries suffered by me or my family during current participation in any golf activity.

Parent / Guardian Signature: _____ Date: _____

Printed Name: _____

PERMISSION TO SECURE EMERGENCY MEDICAL TREATMENT: I give permission to secure emergency medical treatment for the above named minor(s) while in the care of the golf course staff.

Parent / Guardian Signature: _____ Date: _____

Printed Name: _____

Chase Hammond Golf Club
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Muskegon, MI 49445
(231)766-3035