

**2017  
SENECA FALLS RECREATION & PARKS  
JUNIOR GOLF REGISTRATION INFORMATION**

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**PLEASE PRINT!**

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ (AS OF 9/1/17)

ADDRESS \_\_\_\_\_ SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

PHONE# \_\_\_\_\_ CURRENT AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENT/GUARDIAN DATA or PARTICIPANT DATA:**

NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE# (DAY) \_\_\_\_\_ (EVE) \_\_\_\_\_ PHONE#(DAY) \_\_\_\_\_ (EVE) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**FAMILY EMAIL ADDRESS:** \_\_\_\_\_

(needed for rain dates)

**PLEASE LIST ANY ALLERGIES:** \_\_\_\_\_

**TEE SIZE: PLEASE CIRCLE**

6-8      10-12      14-16      AD SM      AD MED      AD LG      AD XL      AD 2X

**LIABILITY WAIVER**

I, the undersigned, agree to participate or let my child participate in the Seneca Falls Recreation & Parks Commission program indicated above. I understand and agree that the SENECA FALLS RECREATION & PARKS COMMISSION, its DIRECTORS, MANAGERS, COACHES, TOWN of SENECA FALLS OFFICIALS and OTHER ORGANIZERS shall in no way be held liable for any injury received at any meeting of the above named program. I understand that it shall be my responsibility to transport my child or myself to and from this program.

I do, hereby, assume all NORMAL risks and hazards incidental to the conduct of the above named program. I further release, absolve, indemnify and hold blameless the SENECA FALLS RECREATION & PARKS COMMISSION or any of the personnel appointed by that COMMISSION or the TOWN OF SENECA FALLS.

\_\_\_\_\_  
**PARENT/GUARDIAN or PARTICIPANT SIGNATURE**

\_\_\_\_\_  
**DATE**

***QUESTIONS? CONTACT THE SENECA FALLS REC/PARKS OFFICE AT 568-6933***

**DELIVER OR MAIL COMPLETED FORM WITH PAYMENT TO:**

**SENECA FALLS COMMUNITY CENTER, 35 WATER ST., SENECA FALLS, NY 13148**

**PLEASE PAY BY CHECK OR CASH. MAKE CHECKS PAYABLE TO: SENECA FALLS RECREATION.  
CREDIT CARDS NOT ACCEPTED. THANK YOU!**