

Paid: _____

CK # _____

SHENANDOAH PARKS AND RECREATION

Youth Golf Camp Registration

Grades – 1st through 8

Fee = \$10

Childs Name: _____ Grade: _____ Age: _____ Male/Female

This past school year.

Circle one

Parent/Legal Guardian: _____ Address: _____

Home/Cell ph. #: _____ Work ph. #: _____

Emergency contact: _____ Ph. #: _____

Email Address: _____

Please print legible, important to have for schedule change notifications

LIABILITY WAIVER AND PERMISSION AGREEMENT

By signing this agreement, I the participant, parent, and/or guardian understand that participation in this activity may result in some type of injury. I hereby give permission for my child, ward, or myself to participate in the below registered activity and certify that myself or my child is physically fit to join in the activities. I hereby waive, release, and agree not to hold the city of Shenandoah and/or its employees or any volunteer parent coaches, sponsors or supervisors liable for any injuries that may occur as a result of participation in these activities. I also give my permission for any photos/videos, etc. of these participants during this activity to be used for future departmental promotional materials.

Shenandoah Parks and Recreation

04/19/19

ACTIVITY

DATE

PARENT OR GUARDIAN SIGNATURE

DATE