

SUMMERVILLE CATHOLIC REGIONAL SCHOOL

2017 GOLF REGISTRATION FORM

This registration is for playing on a Summerville Catholic golf team. The cost is \$110 for each child that is registering (**make checks payable to SCS sports program**). **Boys and girls in grades 5th-8th that are a SCS student or a child of one of the five supporting parishes of Summerville Catholic may participate in the golf program.** To register, fill out this form (one per child) and return it to Jean Fox, at the school's office by Friday, August 25 2017.

Golf Uniform Shirt Size (Circle One): YS YM YL AS AM AL AXL Hat or Visor

Player's Name: _____ Grade: _____ Age: _____ DOB: _____

Address: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Parent(s)/Guardian(s) Name: _____ Emergency Contacts: _____

Parish attending _____ School: _____

SPONSORSHIP-if you are interested in sponsoring our golf team please contact the Athletic Director, Jean Fox and she will let you know what will be required of you to do so. Please contact the school at 873-9310 ext. 109 or via email at jfox@summervillecatholic.org

Company: _____ Contact Name: _____ Phone: _____

Medical-please list any concerns such as allergies, handicaps, etc that we should be made aware of:

PARENTS AUTHORIZATION

I, the parent/guardian of the above named child, hereby give approval to his/her participation in any or all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from all activities and do hereby waive, release, absolve, indemnify to hold harmless the parent, local league organization, the school, the organizers, supervisors, participants and persons transporting my child to/from activities for any claim arising out of an injury to him/her except to the extent and in the amount covered by accident or liability insurance held by the local league.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic, should he/she become ill or injured while participating in league activities or at other times while neither parent is available to grant authorization for emergency treatment.

Parent(s)/Guardian(s) signature: _____

Parent(s)/Guardian(s) Name (printed): _____

Notice: Make checks payable to SCS sports program and the last day for registration is Friday, August 25. NO REFUNDS once uniforms are ordered.