



Seacoast Junior Golf Association  
Summer Program Registration Form

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade This Fall: \_\_\_\_\_

Skill Level: Beginner \_\_\_\_ Intermediate \_\_\_\_ Experienced Golfer \_\_\_\_

Circle Shirt Size: (Youth | Adult) Y-XS Y-S Y-M Y-L Y-XL | A-S A-M A-L A-XL A-XXL

Parent / Guardian Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Other \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Health Information

Please list any special health conditions, allergies, disabilities, or special accommodations (if any):

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact (if parent/guardian can't be reached):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent or guardians must sign this release to acknowledge that they will not hold Seacoast Junior Golf Association, program administrators, or adult volunteers responsible in case of injury to their child while participating in the program. Guardians acknowledge full responsibility in case of injury. Also, by signing below you agree that photographs and videos may be taken during the program which may be used for promotional purposes. In the event that you cannot be reached in an emergency, you agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by Seacoast Junior Golf Association.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

A \$25.00 registration fee must accompany this form.  
Please mail completed registration form to:  
Seacoast Junior Golf Association  
PO Box 441  
Somersworth, NH 03878