



Seacoast Junior Golf Association
Academy Program Registration Request Form

First Name: _____

Last Name: _____

Age: _____ Grade This Fall: _____

Skill Level: 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):

Two horizontal lines for text entry.

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 _____

Academy Registration Includes:

- Golf Hat
- Logo Golf Shirt
- Logo Golf Balls for Events
- New members, who play in five NHGA Junior Tournaments, will receive a logo golf bag.

A \$375 registration fee must accompany this form.

Please mail completed registration form to:
Seacoast Junior Golf Association
PO Box 441
Somersworth, NH 03878