

**Las Cruces Junior Golf Association
2012 Registration Form**

Youth Information

Name: _____ Gender : Female___ Male ___

Address: _____

City: _____ State: ___ Zip Code: _____

Did the registrant participate in 2009 ___ 2010 ___ 2011___? Please check if they did.

Ethnicity: African-American___ Asian-American___ Caucasian___ Hispanic___ Native-American___
Pacific Islander___ Other___ Do not wish to respond___ Please check one.

Birth Date: (___ / ___ / ___) School: _____

Parent/Legal Guardian Name: _____

Relationship _____ (please specify parent or legal guardian)

E-mail Address: _____ (working e-mail address required)

Phone: Cell _____ Home _____

Participation Consent Form completed by: Mother___ Father___ Legal Guardian___

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Health Information (if above parent/guardian cannot be reached)

Emergency Contact Name: _____

Relationship: _____ (spouse is best)

Phone: Cell _____ Home _____

In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by Las Cruces Junior Golf Association representatives. I hereby give permission to the medical personnel selected by Las Cruces Junior Golf Association representatives to secure any and all medical, hospitalization, dental, and/or surgical treatment. In event that such medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian.

Parent/Guardian Initials: _____

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Media Release

I hereby give Las Cruces Junior Golf Association permission to use film, video tape and/or photographs of the above mentioned minor for lawful promotional or informational purposes.

Parent/Guardian Initials: _____
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I, the parent/legal guardian of the above named youth, give approval for participation in Las Cruces Junior Golf Association sponsored activities. I assume all risks of injury whatsoever and agree to hold harmless Las Cruces Junior Golf Association from claim(s) of any nature arising from any activity, including transportation, connected with Las Cruces Junior Golf Association facilities or programs. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of Las Cruces Junior Golf Association, its employees, agents, LPGA, PGA and other golf professionals, participating agencies, and volunteers. I consent to Las Cruces Junior Golf Association communicating information regarding my child's participation via the internet.

Parent/Guardian Signature: _____

Date: _____

Please Print Name: _____

Witness Signature: _____

Date: _____

2012 participation fee: \$100 for all programs, \$25 for juniors only participating in tournaments.

**Send or deliver completed form and payment to:
Las Cruces Junior Golf Assn.
1911 San Fernando Dr.
Las Cruces, NM 88011**

Checks should be made payable to: Las Cruces Junior Golf Association