

**WINDING CREEK JUNIOR LEAGUE
GOLF PERMISSION SLIP**

Junior's Name _____ **Age** _____
Junior's Name _____ **Age** _____
Junior's Name _____ **Age** _____
Address _____
City/Zip Code _____

Please list any special needs (our staff will try to accommodate these needs if possible) _____

NOTE TO PARENTS/GUARDIANS: No child may participate in the Junior League at Winding Creek Golf Course without turning in this permission slip prior to participating.

I give my permission for my child to participate in the following activity:

_____ Junior Golf League

Due to the nature of golfing activities on the golf course and practice areas, (golf clubs swinging and golf balls being hit), I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages and losses I may have against Winding Creek Golf Course, the golf instruction staff, employees, and representatives for any and all injuries suffered by me or my family during current participation in any golf activity.

I give permission to secure emergency medical treatment for the above named minor while in care of the golf course staff.

Parent/Guardian Signature _____ Date _____

Parents Daytime Phone (s) _____

Emergency Contact Name _____ Phone _____

*Email Address _____

*In the future sign-up information will be sent out via email. If you don't have email make a note on this above

Winding Creek Golf Course
4514 Ottogan Street
Holland, MI 49423

Golf shop telephone
(616) 396-4516