

The Grove Park Junior Golf Program
Ages 8-17 – Boys and Girls

Application for Grove Park Junior Golf Program

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell # _____

Date of Birth _____ Present School _____

Parent(s) _____

In case of emergency, please contact:

Name _____ Phone # _____

Alternate Name _____ Phone # _____

Parent's/Guardian's Permission:

I hereby permit my child(ren) to take part in the Junior Golf activities at Grove Park Golf Course, 1800 Walter "Dutch" Welch Dr., Jackson, MS 39213. I also release Grove Park Golf course and the Junior Golf Program Volunteers of any liability associated with the Golf Program and my child(ren). In other words, if my child is involved in an accident, I will not hold Grove Park Golf Course, the Junior Golf Program Volunteers and its associates responsible.

We are asking the parents for a non-refundable donation of \$25.00 per child to help defray some of our expenses. However, this is not a requirement for participation in the program. If you can not afford the donation, bring the child anyway.

Registration: See web site for dates and times.

Parent's/Guardian's Signature _____

Daytime Phone Number _____

Parental permission for child(ren)'s picture(s) to be put on our website:

Signature: _____