



SARATOGA JUNIOR GOLF, INC.  
 37 GREYLOCK DR.  
 GANSEVOORT, NY 12831  
 518-368-7473  
[www.saratogajuniorgolf.com](http://www.saratogajuniorgolf.com)



BRIAN RHODES  
 PGA PROFESSIONAL

"Where Kids become Golfers"

## **2009 JUNIOR GOLF REGISTRATION FORM**

Applicants Name \_\_\_\_\_

Applicants Age \_\_\_\_\_

Applicants Home Phone # \_\_\_\_\_

Parents Work # \_\_\_\_\_

Parents Cell # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Applicants Medical Considerations (Allergies, existing medical conditions, medications, etc..)

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

In consideration of the applicants participation in the Saratoga Junior Golf, Inc. clinics, camps, leagues and all other associated programs: 1.) The applicant and the parent/guardian hereby release Saratoga Junior Golf, Inc., and Airway Meadows Golf Course and all of each companies respective officers, directors, employees, agents, subsidiaries, and affiliates from any and all liability, damages, accidents, claims or injuries sustained by the applicant or parent/guardian in connection with these programs; 2.) the applicant grants and assigns his/her individual media rights respecting participation in these program, without exception to the sponsors, Saratoga Junior Golf, Inc. and Airway Meadows Golf Course.

In case of a medical emergency during a Saratoga Junior Golf program, I authorize a qualified, medical physician/professional to take all necessary measures in the treatment of this applicant.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Program you are signing up for: 1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_