



# Junior Golf Programs

## CONSENT AND RELEASE FORM

My child has been examined by a physician within the past 12 months and is found to be physically able to participate in the Compass Pointe Junior Golf Programs, which include physical activities requiring rapid and strenuous movement. Rules and supervision are utilized to prevent or reduce the likelihood of injury. However, injuries can occur. I fully understand the risk of injury arising from my child's participation in The Compass Pointe Junior Golf Programs and I accept that risk as a part of granting permission for my child's participation. I, on behalf of my heirs, executors, assigns and administrators do hereby release and discharge Compass Pointe Golf Course and any and all of its agents, employees and contractors, from any and all liability of every kind, character and description from and by any reason of any injury suffered by my child that may arise while he/she is participating in and under the supervision of Compass Pointe Golf Course Junior Programs. It is also agreed that this is the full and final release for the injuries mentioned above, and for all others claims or demands I or my child will ever have or now have against the said Compass Pointe Golf Course as a result of my child participating in its Junior Golf Programs.

In case of an emergency, Compass Pointe Golf Course and/or its employees have my authorization to obtain emergency medical aid for my child. I agree to pay all medical expenses incurred as a result of my child's participation in the Junior Golf Programs.

***I/We do hereby acknowledge that I/We have read the Junior Golf Program Policies, and agree to abide by the same policies.***

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(Signature of Parent/Guardian)/Date

(Signature of Parent/Guardian)/Date

Child's Name:

Date of Birth:

male

female

Address:

City:

State:

Zip Code:

Phone Number:

Email:

Mother's Name:

Phone: (h)

Phone: (h)

Father's Name:

Phone: (h)

Phone: (h)

Emergency Contact if parents unavailable:

Phone:

Relationship:

Family Physical/Phone:

Insurance Company:

Policy #:

*List of any medical concerns, known allergic reactions to bee stings, poison ivy, ect. or other special problems concerning your child.*

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