



2923 Cedar Street Suite 3
Muscatine, IA 52761
563-288-2541

Huck Finn Junior Golf Program 2010

MUST BE COMPLETED BY PARENT OR GUARDIAN

(Please PRINT information clearly)

Golfer Name: _____

Date of Birth: _____ Age on June 1, 2010: _____ Male / Female (circle)

Parent/Guardian: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: () _____ Cell: () _____

Email: _____

Please list any medical conditions your child has that the league should know about: _____

Ethnicity: In order to ensure that we are reaching out to all segments of our community youth, we would like to know your child's ethnicity. OPTIONAL: Caucasian _____ African-American _____ Hispanic _____ Asian _____ Other _____

YSF Waiver

In consideration of being allowed to participate in any way in the YSF Huck Finn Junior Golf Program, the undersigned acknowledges, appreciates, and agrees that:

1. There exists a risk of injury. All players and parents need to be aware that this sports does involve risk of injury. All instruction given by the coach must be followed.
2. The Youth Sports Foundation and its coaches are NOT liable or responsible for any medical, dental, or hospital bill occurring as a result of injuries sustained by a player while participating in this league. All injury-related expenses shall be the responsibility of the player's parent/legal guardian.

(please initial one)

_____ I have insurance that will pay for medical expenses if my child is in this sport.

_____ I do NOT have insurance for my child. I understand the Youth Sports Foundation is not responsible and WILL NOT pay any doctor, hospital, or medical expenses if my child is injured while participating in this sport.

I have read, understand, and comply with all the information on this release form.

Signature of parent/legal guardian (first & last name)

Today's Date

PRINT NAME

Relationship

EMERGENCY CONTACT: (please provide an additional name other than yourself)

Name: _____ Phone: () _____ Relationship: _____

PLAYER CODE OF ETHICS

I pledge to make this a positive experience for myself and others. I will try, to the best of my ability, to remember that winning can only be a good thing if I can win with respect. I will also remember to lose with dignity.

1. I will show respect of myself, other golfers, golf pros, and the sport.
2. I will maintain a clean lifestyle by eating a balanced diet, staying away from all drugs and alcohol, and avoiding improper language or conduct.
3. I promise to remember that I am a representative of my family and community, and I will conduct myself appropriately.
4. I promise to be courteous to other golfers on and off the course.
5. I promise to show respect for all officials and their decisions.
6. I promise to do my best and have fun.
7. I promise to show respect for the golf course and the hard work that goes into maintaining it.

Player's signature: _____ Date: _____

STAFF USE ONLY

PAID (\$35.00)	
Cash Amount:	_____
Check Amount:	_____
TOTAL:	_____
\$15.00 service fee charged for all returned checks	Borrowed Clubs: # _____