

EKJGA Membership and Tournament Application Form

Instructions: Please print all information clearly

Name _____ Home club/course _____

Mailing address _____

City _____ State _____ Zip code _____

Email address _____

Home phone _____ Parents work phone _____

Emergency contact person _____ Phone _____

Gender: (circle one) Male Female Date of birth _____

Grade presently attending _____ School name _____

Shirt sizes

Adult Men's sizes
(circle only one)

Adult Women's sizes
(circle only one)

Youth sizes
(circle only one)

S M L XL XXL

S M L XL XXL

S M L

In consideration of my minor child/ward ("my child"), being allowed to participate in any way in any Eastern Kentucky Junior Golf Association, EKJGA, event, I, my child's parent or legal guardian and/or responsible person, the undersigned, acknowledges, appreciates and agrees that:

1. I grant for the Executive Director/Tournament Officials of the EKJGA to seek medical attention as deemed necessary by either a medical doctor or an emergency medical professional, EMS.

2. I grant permission for the Executive Director/Tournament Officials of the EKJGA to act on my behalf to use my medical insurance card information to seek attention for my child as deemed necessary by a medical professional.

Medical History:

Child's Name _____ Date of birth _____

Age _____ Any known medical condition _____

Any reaction to medication (Yes or No) Medications _____

Insurance Information:

Insurance provider: _____

Policy/Group# _____ Insurance telephone# _____

Employer _____ Phone # _____

Parent/Legal Guardian Disclosure

I agree to the tournament rules/regulations set forth by the EKJGA, Inc. I further acknowledge and agree that there are certain risks inherent in the game of golf (i.e... injury to a player on the course such as slip and fall or being hit by another golf ball, etc..) and I agree to accept personal and sole liability for all such risks. In addition, I acknowledge that the EKJGA, Inc. and its officers and employees do not take responsibility for the supervision or actions on its' members while at each tournament site, but will nevertheless enforce its' rules of conduct and rules of golf as may be necessary and appropriate under the sole discretion of its' tournament officials.

I have read this assumption of risk agreement, the medical release form, and agree fully with their terms and conditions. I understand that I have given up substantial rights by signing this agreement and I sign this agreement freely and voluntarily without any inducement.

Parent/Guardian Signature

EKJGA Member Signature

EKJGA Membership fee \$50.00

<u>Event:</u>	<u>Date</u>	<u>Cost</u>	
Sandy Creek	June 7, 2010	\$35.00	_____
StoneCrest	June 14, 2010	\$35.00	_____
River Bend	June 21, 2010	\$35.00	_____
Eagle Trace	June 28, 2010	\$35.00	_____
Mt. Sterling	July 6, 2010	\$35.00	_____
Paintsville	July 12, 2010	\$35.00	_____
Raven Rock	July 19, 2010	\$35.00	_____
Hidden Cove (Grayson)	July 26, 2010	\$35.00	_____
Bellefonte	August 2, 2010	\$35.00	_____

Subtotal tournament fees only _____

Total (tournament fees plus membership fee) _____

Make check payable to EKJGA and mail application and check to:

EKJGA
Attn: Tom Cooksey
9417 Meade Springer Road
Ashland. Kv. 41102