

## 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 \_\_\_\_\_

Will you participate in the team portion of the Eagle Trace event on May 21-22, 2011

Please circle YES or NO

If yes, indicate partner's name \_\_\_\_\_

### Shirt sizes

(circle only one please)

Adult Men's sizes	Adult Women's sizes	Youth sizes
S M L XL XXL	S M L XL XXL	S M L

## EKJGA Parent Authorization & Medical Release Form

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

<b>EKJGA Membership fee</b>	<b>\$50.00</b>
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<u>Event:</u>	<u>Date</u>	<u>Cost</u>	_____
Eagle Trace (Individual and team event)	May 21-22, 2011	\$85.00	_____
Sandy Creek	June 6, 2011	\$35.00	_____
StoneCrest	June 20, 2011	\$35.00	_____
Mt. Sterling	June 28, 2011	\$35.00	_____
River Bend	July 1, 2011	\$35.00	_____
Hidden Cove (Grayson)	July 5, 2011	\$35.00	_____
Paintsville	July 11, 2011	\$35.00	_____
Green Meadow (Pikeville)	July 18, 2011	\$35.00	_____
Bellefonte	July 25, 2011	\$35.00	_____
Eagle Trace (Individual event)	July 29, 2011	\$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, Ky. 41102