

**JO DADDY'S GOLF  
3255 JUPITER BLVD SE,  
PALM BAY, FL 32909**

In consideration of the applicant's participation in the Junior golf program please complete this form as indicated.

Name of child: \_\_\_\_\_

Age of child: \_\_\_\_\_

Name of child: \_\_\_\_\_

Age of child: \_\_\_\_\_

Name of child: \_\_\_\_\_

Age of child: \_\_\_\_\_

Hereby, does have permission to participate in this program on the dates as outlined.

I, the parent/legal guardian hereby release Jo Daddy's Golf and all respective officers, directors, coaches, employees, agents, subsidiaries and affiliates from any and all liability associated either with acts or omissions of such parties, or accidents or injuries sustained by the applicant of the parent/guardian in connection with the junior golf program.

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<b>Applicant's Signature</b>	<b>Date</b>	<b>Parent/Guardian</b>	<b>Date</b>
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Please sign and deliver your application to: Jo Daddy's at 3255 Jupiter Blvd. SE Palm Bay FL 32909. If you have any questions, please call Rachael at 321.626.1096

**JO DADDY'S GOLF  
3255 JUPITER BLVD, SE  
PALM BAY, FLORIDA 32909**

**JUNIOR GOLF REGISTRATION**

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE ON MAY 1<sup>st</sup> \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_  
(Who child resides with)

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL  
ADDRESS \_\_\_\_\_

**PLAYER FEE'S: \$15.00, Pay as you Play.**

**FEE INCLUDES:**

- ***Tournament play***
- ***Course management***
- ***Putting, Pitching***
- ***Full Swing***
- ***Workshop on Rules***
- ***Attitude & Etiquette***
- ***Refreshments***

**Please complete one form for each participating child.**

**MEDICAL INFORMATION**

**EMERGENCY CONTACT NAME:** \_\_\_\_\_

**EMERGENCY CONTACT PHONE:** \_\_\_\_\_

**PHYSICIAN NAME:** \_\_\_\_\_

**PHYSICIAN PHONE:** \_\_\_\_\_

**DOES YOUR CHILD TAKE ANY OF MEDICATION DAILY? YES \_\_\_\_\_ NO \_\_\_\_\_**

**IF SO, PLEASE LIST** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DOES YOUR CHILD HAVE ASTHMA ? YES \_\_\_\_\_ NO \_\_\_\_\_**

**USE OF AN INHALER ? YES \_\_\_\_\_ NO \_\_\_\_\_**

**(Must carry it for league games)**

**CHILD'S ALLERGIES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BEE STINGS: YES \_\_\_\_\_ NO \_\_\_\_\_ EPI PEN: YES \_\_\_\_\_ NO \_\_\_\_\_**

**(Must carry it for league games)**

**ANY PHYSICAL LIMITATIONS THAT WE SHOULD KNOW ABOUT?**

**PLEASE DESCRIBE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_