

# Youth Summer League Registration Form

YOUTH'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ PROGRAM? MON TUE WED  
(CIRCLE ONE) (GIRLS ONLY)

EMAIL ADDRESS: \_\_\_\_\_

## EMERGENCY INFORMATION:

DOES YOUR CHILD HAVE ANY ALLERGIES OR HEALTH CONCERNS?

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

CHILD'S DOCTOR: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

IN CASE OF EMERGENCIES, PROVIDE US WITH TWO FRIENDS OR RELATIVES TO CONTACT IN CASE YOU ARE NOT AVAILABLE:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

I HEREBY GIVE PERMISSION FOR MY SON/DAUGHTER TO PARTICIPATE IN YOUTH SUMMER LEAGUE, AND FOR INDIAN SPRINGS' STAFF TO ADMINISTER EMERGENCY FIRST AID.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PAYMENT OF REGISTRATION FEE RESERVES YOUR CHILD A SPACE! MAKE CHECKS PAYABLE TO INDIAN SPRINGS GOLF CLUB. THANK YOU!

Mail to: ISGC 132 Mack Road, Middletfield, CT 06455