

# Youth Summer League Registration Form

\_\_\_\_\_  
Youth's Name: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Program: Mon Tues (Day)  
(circle one)

Email: \_\_\_\_\_ Tues (Girls) Wed

## Emergency Information:

Does your child have any allergies or health concerns?  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Child's Doctor: \_\_\_\_\_

Phone #: \_\_\_\_\_

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 reserves your child a space!  
Make checks payable to Indian Springs Golf Club. Thank You!

Mail to: ISGC 132 Mack Road Middlefield, CT 06455