

# Youth Summer League Registration Form

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

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

Phone: \_\_\_\_\_ Program: Mon Tues Wed

(circle one)

(girls only)

Email: \_\_\_\_\_

## 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, for my kid's golfing photos to be used in social media, 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