

2023 Consent Form

Golfer's Name: _____ Age: _____

Phone: _____

Address: _____
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Course Member: Yes / No

Parent/Guardian

#1: _____ Phone: _____

Parent/Guardian

#2: _____ Phone: _____

Emergency Contact

#1: _____ Phone: _____

Emergency Contact #2: _____

Phone: _____

Does your child have any allergies/medical information we need to be aware of?

Family Physician: _____

In the event of an emergency and I am unable to be reached, the representatives of Waters Edge Golf Course have permission to obtain emergency medical services for my son/daughter:

Yes / No

Parent or Guardian Signature _____

Date _____

Parent or Guardian

Email _____

_____ I give permission for my child's picture to be taken and put on Waters Edge website and Facebook.

_____ I do not want my child's picture taken and put on Waters Edge website and Facebook.

My child is a _____ Beginner or _____ Intermediate golfer