



6700 Saltsburg Rd. Pittsburgh, PA 15235 412.793.7111 www.3lakesgolf.com

### 2024 Junior Clinic Registration Form

PARTICIPANT NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBERS (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PARENT EMAIL ADDRESS \_\_\_\_\_

GRADE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

Health Insurance Provider and Group ID # \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**PARENT/GUARDIAN CONSENT:**

I consent to allow my child (named above) to participate in 3 Lakes Golf Course's summer camp. I understand and assume the risk and danger incidental to the game of golf, including but not limited to, the risk of my child being hit by an errant or misdirected golf shot and the risk of my child causing injury to another person or damage to the property of another, and I release, and hold harmless, 3 Lakes Golf Course, Alcoma Land Co. and all parties, partners, collaborators, associates, affiliates, sponsors, parents, subsidiaries, agents, officers, employees, and volunteers associated with any/all of the programs, events, and activities named from any and all liabilities resulting from such causes.

Furthermore, I grant 3 Lakes Golf Course and its partners and collaborators the right to videotape, film, and photograph my child and the right, in perpetuity, to use my child's first name, likeness, and voice in all forms of media in connection with the advertising and promotion of any/all of the above programs.

Print Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

*If your child has a medical or other condition please provide confidential information ON THE BACK OF THIS FORM.*

**CAMP IS RAIN OR SHINE PLEASE DRESS APPROPRIATELY FOR WEATHER OUTDOORS.**

**Please bring your golf clubs and water bottle each day.**