3 Lakes Golf Course

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

2026 Jr. Clinic Registration Form

June 1, 8, 15, 22, 29 & July 6

PARTICIPANT NAME (First) _____

(Last) _____

STREET ADDRESS: _____

CITY_____STATE_____ZIP_____

PHONE NUMBERS (Primary) _____ (Secondary) _____

EMERGENCY CONTACT _____

PHONE NUMBER _____EMAIL _____

GRADE _____ BIRTH DATE _____ GENDER _____

Health Insurance Provider and Group ID # _____

*Doctor's Name & Phone #*_____*Preferred Hospital:* _____

PARENT/GUARDIAN CONSENT: I consent I may allow the minor 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 the minor being hit by an errant or misdirected golf shot and the risks of 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 Name **Signature**

RAIN OR SHINE PLEASE DRESS APPROPRIATELY FOR OUTDOOR WEATHER.

<u>Please bring your golf clubs & water bottles each day!</u>