

Downtown Optimist Club of Meridian's 2021 Junior Golf Program

Participant's Name: _____

Parent or Guardian's Name: _____

Address: _____

Cell Phone: _____ Secondary Phone: _____

E-Mail Address: _____ (MUST INCLUDE)

Age: _____ Date of Birth: _____ Male: _____ or Female: _____

How did you hear about sign-ups? Family/Friends Flyer Facebook Website

DOWNTOWN OPTIMIST CLUB RELEASE FROM LIABILITY

I hereby agree to hold the *Downtown Optimist Club and its members* harmless from any liability that may arise from incidents, accidents, or COVID-19 related sicknesses involving my child while in the care of the Downtown Optimist Club or during the course of the 2021 Junior Golf Program. I am fully aware and fully understand the risks that are present during this time, and I take full responsibility of any incident, accident, or a COVID-19 related sickness involving my child.

Name of Participant: _____

Name of Parent/Guardian (Please Print): _____

Date: _____

Signature of Parent/Guardian: _____

Witness Signature: _____