

**REGISTRATION FORM**

**The Woodlands' Junior Girls Golf Clinic  
Monday, June 3, 2024/5:30pm Clinic; 6:30pm Dinner  
Butler Country Club**

Thank you for your interest in The Woodlands' Junior Girls Golf Clinic. Please complete this registration form and email to Laura Thomas, [Lthomas@woodlandsfoundation.org](mailto:Lthomas@woodlandsfoundation.org) by Friday, May 10<sup>th</sup>. Registrations will be accepted on a first come first served basis. Registration is confirmed once a confirmation email from The Woodlands has been received. Walk-ups will not be accepted. All fields must be completed.

*By signing this form I am granting permission for \_\_\_\_\_ to participate in The Woodlands' Junior Girls Golf Clinic. I understand that I am responsible for making drop-off and pick-up arrangements for \_\_\_\_\_.*

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**PARTICIPANT INFORMATION (REQUIRED)**

Participant's Name: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_

How long has the participant played golf? \_\_\_\_\_

Will the participant bring their own golf clubs? \_\_\_\_\_ If they do not have any, clubs will be provided.

Conditions requiring special consideration (medical/physical): \_\_\_\_\_

Please list all food allergies: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION (REQUIRED)**

Parent/Guardian Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

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

**SECOND EMERGENCY CONTACT INFORMATION (REQUIRED)**

Name: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

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

### **DINNER REGISTRATION**

Participants may bring one (1) guest to dinner.

- Please check this box if you, the parent/guardian, will be their one (1) guest. Otherwise, please complete the form below.

Guest Full Name: \_\_\_\_\_

Guest Phone Number: \_\_\_\_\_

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

Please list all food allergies: \_\_\_\_\_

### **PERMISSION TO USE PHOTO AND LIKENESS**

While participating in The Woodlands' programs I hereby give my child's consent for allowing photographs, videotapes, voice recording, or likenesses to be recorded, saved, and used by The Woodlands at a later time for educational, instructional or promotional purposes. I waive the right to inspect publications or media of any kind which include my child's photographs, videotape, voice recording, or likeness prior to their release for educational or promotional purposes. This includes but is not limited to use in email, direct mailing and social media such as Facebook© and Instagram©.

Please check only one of the following boxes:

- No, I do not agree.
- Yes, I, as the parent/legal guardian, have read the above and understand and agree to its terms.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date Signed: \_\_\_\_\_