

**SILVER CREEK JUNIOR GOLF CAMP  
SENECA FALLS RECREATION & PARKS**

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**PLEASE PRINT!**

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ (AS OF 9/1/18)

ADDRESS \_\_\_\_\_ SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

PHONE# \_\_\_\_\_ CURRENT AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENT/GUARDIAN DATA or PARTICIPANT DATA:**

NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE# (DAY) \_\_\_\_\_ (EVE) \_\_\_\_\_ PHONE#(DAY) \_\_\_\_\_ (EVE) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**FAMILY EMAIL ADDRESS:** \_\_\_\_\_

**PLEASE LIST ANY ALLERGIES:** \_\_\_\_\_

**T-SHIRT SIZE: PLEASE CIRCLE**

6-8      10-12      14-16      AD SM      AD MED      AD LG      AD XL      AD 2X

**LIABILITY WAIVER**

I, the undersigned, agree to participate or let my child participate in the Seneca Falls Recreation & Parks Commission program indicated above. I understand and agree that the SENECA FALLS RECREATION & PARKS COMMISSION, its DIRECTORS, MANAGERS, COACHES, TOWN of SENECA FALLS OFFICIALS and OTHER ORGANIZERS shall in no way be held liable for any injury received at any meeting of the above named program. I understand that it shall be my responsibility to transport my child or myself to and from this program.

I do, hereby, assume all NORMAL risks and hazards incidental to the conduct of the above named program. I further release, absolve, indemnify and hold blameless the SENECA FALLS RECREATION & PARKS COMMISSION or any of the personnel appointed by that COMMISSION or the TOWN OF SENECA FALLS.

\_\_\_\_\_  
**PARENT/GUARDIAN or PARTICIPANT SIGNATURE**

\_\_\_\_\_  
**DATE**

*QUESTIONS? CONTACT SILVER CREEK GOLF COURSE (315) 539-8076  
OR THE SENECA FALLS REC/PARKS OFFICE AT (315) 568-6933*

**DELIVER OR MAIL COMPLETED FORM WITH PAYMENT TO:**  
**SILVER CREEK GOLF COURSE**

**PLEASE MAKE CHECK OUT TO SILVER CREEK GOLF COURSE  
THANK YOU!**