



2008 APPLICATION

St. Marys Country Club
P.O. Box 126, South Michael Rd.
St. Marys, PA 15857
tel 814-834-7254
fax 814-834-7255

Returning participant from 2007?	Yes ___ No ___
Does child have golf equipment?	Yes ___ No ___
Interested in purchasing clubs?	Yes ___ No ___
<i>(Pro Kids Starter Set w/ Bag \$70.00 - call Jim at 330-231-2345)</i>	
Experience Level:	1 st Timer Occasional Competitive

GOLFER NAME: _____ Male _____ Female _____

Address: _____

City: _____ State: _____ ZIP: _____ E-mail: _____

Birthdate: ____/____/____ School: _____ Grade (2007-2008 school year): _____

Parent/Guardian: _____ Relationship to Child: _____

Day Phone: (____) _____ - _____ Evening Phone: (____) _____ - _____

HEALTH / EMERGENCY INFORMATION (please provide a contact person other than parent/guardian listed above):

Name: _____ Relationship to Child: _____

Phone: (____) _____ - _____

Please list any **medical conditions or allergies you would like us to know about** _____

In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by St. Mary's Country Club representatives. I hereby give permission to the medical personnel selected by St. Mary's Country Club representatives to secure any and all advised hospitalization, medical, dental and/or surgical treatment.

MEDIA RELEASE

Participants in the St. Marys Golf Camp may be photographed or videotaped and such photos or videos may be used to publicize St. Marys programs and activities. Participants may be quoted or photographed for newspaper/magazine articles or television programs. I hereby grant permission for such media attention and information release for the child listed on the application.

Parent / Guardian Signature _____ Date: _____

AGREEMENT AND RELEASE OF LIABILITY

I/We the parents/legal guardians of the above named youth give approval of participation in the St. Marys C.C. golf camp sponsored activities. I/We assume all risks of injury whatsoever and agree to hold harmless St. Marys C.C. from claim(s) of any nature arising from any activity connected with St. Mary's C.C.. This hold harmless agreement includes, but is not limited to, any claim for injury proximately resulting from negligence of St. Marys C.C., its employees, host sites, agents, LPGA and PGA Professionals, its sub-contractors, participating agencies and volunteers.

Parent / Guardian Signature: _____ Date: _____

Payment Options: (see schedule for application fees) Check enclosed: # _____ Amt \$ _____

Visa/MC/Amex/Discover # _____ Expiration _____ Amt \$ _____

Name on Card _____ Signature _____ Billing Zip _____