Tuscaloosa Junior Golf Academy

Registration Form

***Required field**

***Participant's Information**

*Name: _____

School: _____ Grade: _____

Phone#: _____*Age: _____ *Date of Birth: _____Gender: _____

***Parent/Guardian's**

*Name:_____ *Email: _____

*(Mother Phone): _____ *(Father Phone):_____

***Emergency Contact:**

*Name: _____ Relationship: _____ *Phone#:_____

***Medical Information**

Family Physician: _____ Phone #:_____

Allergies/Medication/Disabilities: _____

Check a box

☐ Ages 6 - 8 ($99) ***(4:00 class)***

☐ Ages 6 – 8 ($99) ***(5:15 class)***

☐ Ages 9&10 ($119)

☐ Ages 11+ ($139)

☐ Intermediate/Advanced ($149)

(Reserved for Tuscaloosa Junior Tour participants)

AUTHORIZATION FOR RELEASE

I hereby give my permission for (name of participant/child/ward) _____ to participate in this program/activity conducted by the Tuscaloosa County Park & Recreation Authority (PARA). I assume all risks and hazards incident to such activities and transportation to and from the same. I release, discharge, and acquit PARA and all of its agents, servants, employees, staff and personnel from and with respect to all claims, causes of action and rights of recovery which I have, or might have at any time in the future as a result to any property damage or bodily injury suffered by said child/ward during the course of any such activities. Additionally, I agree to indemnify and hold harmless PARA and the employees from and against any and all claims, suits, damages, judgements, attorney fees and expenses of every kind on account of property or bodily injury, including death, suffered or experience by me or my said child/ward occurring during, or in any way resulting from any of said activities, whether or not cause by a negligent acts (except as may be occasioned by gross or wanton employees) or omission of any sort by PARA employees. I authorize PARA and employees to render any medical care and treatment to my said child/ward deemed necessary with respect to any illness or injury occurring during any PARA activities. I fully understand that PARA has NO ACCIDENT or MEDICAL PAYMENT INSURANCE COVERAGE for the participant/child/ward and I agree to pay all medical costs incurred if treatment is obtained. I understand that PARA assumes no responsibility or liability for lost, stolen, or misplaced items. I also give permission for PARA to take photographs and/or videos of my child during activity for publicity use. Furthermore, please take caution when sending valuable, sentimental items with child/ward to any activities. PARA accepts NO RESPONSIBILITY for lost or stolen items. This instrument is signed both on behalf of the individual and the child/ward.

Signature: _____ Date: _____

It is the policy of Tuscaloosa County Park & Recreation Authority that no person shall, on the basis of race, color, creed, religion, sex, age, national origin or disability be denied employment, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any program or activity.

Please return completed registration form to:

OL' Colony' Golf Complex,
Mail to: 401 Ol'Colony Rd, Tuscaloosa, AL 35406