

# Golf Clinic

Mondays, June 4– July 2 8:00-8:45AM  
Sunflower Hills Golf Course

Participant \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

**PARENT/GUARDIAN:** I hereby state that I understand and agree with the above described activity and policies, and that the above said individual has no physical, mental, or emotional conditions which would prevent him/her from fully participating in such activity, or would make him/her susceptible to injury from such participation. I further state that I hereby release the Tonganoxie Recreation Commission, their employees, volunteers, or agents from any claim that the said individual might have, or others may have, for injury that he/she might sustain during his/her participation in such activity. I also state that if I am not present and an emergency arises I authorize medical attention to be administered. Please notify the Tonganoxie Recreation Commission if special accommodations may be needed for the above said individual to participate in the described activity.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Tonganoxie Recreation Commission  
P.O. Box 479  
Tonganoxie, KS 66086  
521 E. 4<sup>th</sup> Street  
913-845-3502