

**2022 Junior Golf Clinic Sign Up &
Medical Release Form**



Junior Name _____

Parent Name _____

Additional Juniors _____

Cell Phone (____) _____ *Home Phone*(____) _____

Email _____

TO BE SIGNED BY PARENT OR GUARDIAN

I hereby release Tanglewood Golf Club and the Junior Golf Staff from any and all liability from accident(s) that might occur while my child is participating in the Tanglewood Junior Golf Camp.

If my child is ill or injured and needs emergency care and I cannot be reached, contact a doctor or take him/her to the nearest hospital for emergency treatment. My signature indicates my permission to take the necessary action and administer treatment, and I agree to assume all responsibility and expenses incurred at such time.

Signature of Parent or Guardian

Date

**Checks made out to Tanglewood Manor Golf Course
Please complete and return this application to the golf shop
Tanglewood Golf Club
653 Scotland Road
Qaurryville, PA 17566
717.786.2500 ext 1**