



2023 Junior Golf Registration Form

Junior Name: _____

Age: _____ **Junior has their own golf clubs? YES/ NO**

Weeks participating: _____

Parents Name: _____

Parent's Phone: _____

Email: _____

Credit Card #: _____ **Expiration Date:** _____

Medical Information

Please list any medical condition:

Emergency Contact

Name: _____ Phone: _____

Junior golfers are members and guests of the Fox Hollow Golf Course and are expected to follow the rules and respect the facility, staff, coaches, and other junior golfers. We ask that you please be on time and ready to participate. Due to staffing, please do not drop off prior to 8:45 AM.

I understand the rules of the junior golf program and give any son/daughter permission to participate

_____ (Parent or Guardian signature)

I understand the rules of the junior program and agree with the expectation of a junior golfer

_____ (Junior's signature)