EAGLE SPRINGS GOLF RESORT'S
YOUTH INFORMATION
2009 SEASON

YOUTH NAME_____ BIRTHDATE_____
Last First

HOME ADDRESS_____

CITY, STATE, ZIP_____

PHONE:_____EMAIL:_____

PARENT/GUARDIAN_____
Name Day Time Phone

PARENT/GUARDIAN_____
Name Day Time Phone

THE FOLLOWING PERSON MAY BE CALLED IN AN EMERGENCY, WHEN PARENT (S) OR GUARDIAN CAN'T BE REACHED, AND HAVE PERMISSION TO REMOVE MY CHILD FROM THE GOLF COURSE IF NECESSARY.

ALTERNATIVE CONTACT_____
Name Day Time Phone

EMERGENCY INFORMATION:

PREFFERRED HOSPITAL:_____

PHYSICIAN: NAME_____PHONE_____

INSURANCE_____

EMERGENCY RELEASE: I GIVE MY CONSENT FOR EMERGENCY MEDICAL CARE OR TREATMENT, TO BE USED ONLY IF THE ABOVE NAMED PARENTS OR GUARDIANS CANNOT BE REACHED IMMEDIATELY.

SIGNATURE OF PARENT OR GUARDIAN:_____

DATE:_____